

DOCTORAL THESIS

The Possibility of a 'Phenomenological' Approach to Researching How Psychotherapists Experience Working with Despair in a UK Prison Setting

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**The Possibility of a ‘Phenomenological’
Approach to Researching How
Psychotherapists Experience Working
with Despair in a UK Prison Setting**

by

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**A thesis submitted in partial fulfilment
of the requirements for the degree of
PhD**

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The blank page gives the right to dream. If only one could write for himself alone. How hard is the destiny of a maker of books! He has to cut and sew up in order to make ideas flow logically. But when one writes a book on reverie, has the time not come to let the pen run, to let reverie speak, and better yet to dream the reverie at the same time one believes he is transcribing it?

(Bachelard,

1971: 71)

ABSTRACT

This study attempts to begin with phenomenology, exploring the possibility of a ‘phenomenological’ approach to research, through an exploration of how psychotherapists experience working with despair, in the UK prison setting. In turn, this project has a twofold focus; the first to carry out a phenomenological analysis of the data collected and the second to problematise notions of ‘phenomenological research’. The phenomenological starting point can be considered different to that of the psychological and forensic literature, which offer a psychologised definition of despair and assume that psychotherapy involves a psychotherapeutic intervention in bringing about an alleviation of symptoms of despair. This study acknowledges despair not as something, which can be interpreted, but as a complex notion, which can only be viewed under the aspect of consciousness. Ten participants were interviewed as to their experience of working with clients in despair in the prison setting. The data was analysed via the phenomenological research method Empirical Phenomenological Analysis (EPA), and a secondary analysis through reverie. Through the analysis by EPA, the participants interviewed described despair in the prison setting as a destabilising phenomenon to which there was no protocol for working with it. Participants also described the prisoners’ despair and the despairing prison setting, touching on their own sense of vulnerability and despair. However, methodologically speaking, it was through the contrast between the analysis by EPA and reverie that the importance of the attendance to aspects of intersubjectivity in research emerged. As a result, this research has attempted to raise questions with regard to how the implication of reverie can be significant for researching despair, in a way that enables the possibility of phenomenology, through the abandonment of the current cultural emphasis on positivistic psychological research.

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CHAPTER 1 ON DESPAIR

This research aims to explore the possibility of a ‘phenomenological’ approach to research, through an exploration of how psychotherapists experience working with clients in despair, in the UK prison setting. In turn, this study has a twofold focus, the first to carry out a phenomenological analysis of the data collected through an initial analysis by an empirical phenomenological research method, and a secondary analysis by reverie; and the second to problematise notions of ‘phenomenological research’ through contrasting the initial and secondary phenomenological analysis of the data. It is through this that the research attempts to open up a discussion on the possibility of a phenomenological approach to research, which remains open to the essential aspects of phenomenology’s philosophical task.

The starting point for the project is phenomenology, which is concerned with investigation through consciousness (Husserl, 1960; Heidegger, 1962; Merleau-Ponty, 1962, 1964). Within qualitative research, the starting point or ideological perspective from which the study takes shape is termed the interpretative or theoretical lens (Anfara and Mertz, 2006). With regard to phenomenological research, Creswell (1998: 68) suggests that it involves a ‘strong orienting framework’, bringing with it epistemological, ontological and methodological assumptions. This is particularly important for this research, with the interpretative lens of phenomenology visible from the outset, as opposed to emerging through the empirical study.

For Mittal (2010), the focus of phenomenology lies in human existence, exploring how one connects with and understands the world. However, the phenomenological starting point for this research which may be considered ‘post-existential’, or ‘post-phenomenological’, in that it is taken to mean ‘after Heidegger’ (Loewenthal, 2008: 316), attempts to challenge previous notions such as that of Husserlian transcendental phenomenology (Husserl, 1960), viewing phenomenology as an enquiry into existence, untainted by a psychological, technical approach (Heidegger, 1962; Merleau-Ponty, 1962). As a result, this researcher acknowledges that it is through the rejection of reductionist, scientific methodology, that phenomenology can emerge as a possibility, with a focus on experience (Merleau-Ponty, 1962).

This research, which aims to explore the psychotherapist’s experience of working with despair in the UK prison setting via a phenomenological analysis of the data collected, is particularly interested in the possibility of phenomenology as a method of enquiry (Bourgeois, 1996). Possibility here can be seen to refer not only to Kierkegaard’s (1989) synthesis of the self, but also with regard to the seizing of phenomenology as a possibility (Heidegger, 1962). For Kierkegaard, it is the possibility of dread, which whilst resisting closure, is often subject to a closing down through anxiety (Friedman, 1991). Through its approach, this research will attempt to engage with a sense of ‘possibility’, staying where possible with the anxiety and dread, in remaining open to the phenomenon, without grasping at it, as it is argued that science tends to do.

With regard to the wider literature regarding psychotherapeutic research, this research may be located alongside the body of research and literature, which attempts to critique empirical phenomenological research methods. In turn it will attempt to develop a phenomenological approach to research, which is apposite with phenomenology's philosophical aims (van Manen, 1997; Cayne, 2005; Loewenthal, 2008). Within research it is often suggested that phenomenology offers an important shift from the quantitative cause and effect approach, to one of human subjectivity and discovery of the meaning of experiences as lived; a shift acknowledged by the researcher as paramount in gaining knowledge of the phenomena (Giorgi, 2009). However, particularly within the field of psychological research, there exists an abundance of phenomenological research methods, which despite aiming to attend to lived experience (van Manen, 1997), apply methods in gaining understanding of the phenomena as experienced, through their application (Moustakas, 1994).

Here Gadamer's writings on methodology and method within which he suggests that the experience of truth transcends methodological knowledge, are considered important (Risser, 1997). Further, it is acknowledged that the empirical model of phenomenological research methods has ignored what are considered the essential aspects of phenomenology's philosophical task. In turn, this research aims to raise questions as to how one can research a phenomenon, such as the psychotherapist's experience of working with despair in the UK prison setting, adopting a phenomenological approach, without applying empirical, scientific 'methods' which psychologise the notion of phenomenology and as it is argued here, cannot lead to the emergence of truth within research.

As will be explicated within considerations of methodology for this study, this project will particularly draw on phenomenology as outlined by Merleau-Ponty (1962, 1964), which suggests that the experience of the phenomenon, both in research and practice may be located in the dialectical relationship of person and world. Post-existentialism which, as outlined, attempts to describe a cultural movement, following phenomenology through existentialism, psychoanalysis and post-modernism (Loewenthal, 2008, 2011), can be seen as finding a place between the existential-phenomenological and the post-modern (Loewenthal and Snell, 2003). It is within this that Loewenthal (2011: 10) suggests we are considered 'subject-to language (Lacan), writing (Derrida), ethics (Levinas) and an unconscious (Freud)'. And despite beginning somewhat with an interest in existential notions such as existence and meaning, it questions the modernistic and often defensive use of theory (Loewenthal, 2011). It is potentially through this that the notion of phenomenology is opened up to the post-phenomenological; from the transcendental, to be concerned with the historical and cultural (Hoeller, 1986), as well as with Merleau-Ponty's (1962) notion of the between.

In turn, meaning in research may be considered to emerge through this notion of the between (Merleau-Ponty, 1962). This suggests that meaning within research, as well as the reading of these chapters, may be seen to emerge through the dialectical relationship of the person and world; researched and researcher; knowledge and knower. The words fixed to this page and within this chapter, are therefore subject to, for example, the instability of language, (Lacan, 1993) and the reader (Kierkegaard, 1941). Further as Yin (1989) suggests, the phenomenon under study

and the methods by which it is to be studied, do not emerge simply within the empirical study, but are in and through every word of the study. This has implications for the chapters of this project, as the study of the phenomenon of despair and the methods of accessing it, can be seen to already be in motion.

Within this study, the need to approach researching phenomena differently, in a way that is apposite with phenomenology's philosophical task, is acknowledged. And through the researcher's aim to explore the possibility of a phenomenological approach to research, it is acknowledged that phenomenology is not a method employed in research, and will not be considered a 'method' used to present the phenomenological investigation within this project.

This study's aim is therefore to explore how psychotherapists experience working with despair in their practice with clients in UK prison settings, via a phenomenological investigation; carrying out a phenomenological analysis of the data collected through an initial analysis by an empirical phenomenological research method, and a secondary analysis by reverie. Reverie, a state of daydream or abstracted musing, will be considered an alternative to empirical forms of phenomenological analysis through the writings of Ogden (1997) and Bachelard (1994), which hold the potential to elaborate the philosophical dimensions of phenomenology through research.

In turn this study will attempt to problematise notions of 'phenomenological research' as well as the divide between this and phenomenology, through contrasting the initial and secondary analysis of the data. Within this, questions will

be raised with regard to the possibility of a ‘phenomenological’ approach to psychotherapeutic research, apposite with phenomenology’s philosophical task and which does not revert to notions of method that act to close down the possibility of the phenomenological approach. In particular, the question will be raised as to whether reverie can enable us to remain more open to what may emerge through the intersubjective.

An important element, which runs through this research, is the attempt to develop a phenomenological approach to researching the phenomenon of despair. Those writers who engage with the topic of despair in psychotherapy, highlight the importance of despair for psychotherapeutic work (Lowery, 1984; Beck et al., 2003), not only because of the difficulties it poses the therapist and client (Farber, 1968; Lowery, 1984), but also because of the therapeutic value reported by despairing clients (Smart, 1997; Beck et al., 2003).

Further, despite the lack of research addressing despair in prisons, the literature suggests despair is often experienced by those detained in prisons, both as a result of the environment experienced in prison, and as a result of traumatic life events the prisoners have encountered in the past and present (Toch, 1992). HMP papers with a focus on safer custody, outline the need for therapeutic work to support prisoners in alleviating the ‘grinding sense of hopelessness that sets in because an individual sees no relief from his/her feelings of despair’ (HM Chief Inspector of Prisons, 1999: 26), and in preventing self-harm and suicide in custody (HM Chief Inspector of Prisons, 1999; National Offender Management Service, 2012).

In turn, charitable based therapeutic services based in prisons state the goal is to work towards improved mental health by alleviating despair and distress for the client (Forensic Therapies, Samaritans, Options). As a result, therapeutic models used within UK prisons at this current time, such as Dialectical Behaviour Therapy (DBT) (Linehan, 1993), aim to target despair, hopelessness and suicidal ideation.

However despite the consideration of the psychological literature with regard to the emergence of despair and psychotherapy in the prison as an area of study, this research on beginning with phenomenology, views despair not as something which can be interpreted, defined or known through interpretation. In fact it is argued that despair is a complex notion, which can only be viewed under the aspect of consciousness (Heaton, 2009). In turn, through a consideration of the existential-phenomenological notion of despair, despair is considered as subject to language (Lacan, 1993) and with no fixed meaning to which we can point with authority (Heaton, 2009).

This is particularly relevant to researching the phenomenon of despair given the nature of despair as it unfolds through the study of consciousness (Kierkegaard, 1989). For example, the anxiety provoking nature of despair may be seen to close down the possibility for something to emerge through research (Freud, 1923). Therefore this research attempts to research an anxiety-provoking phenomenon, the nature of which needs to inform the research approach (Hollway and Jefferson, 2000). This study will also consider the implications of the defended subject and the way in which defended discourses might play out within research (Hollway, 2011).

Alongside discussing why this research proceeds through Merleau-Ponty's (1962, 1964) phenomenology, it seems important to discuss how aspects of the researcher's previous experiences, previous research and presuppositions are involved with and inevitably influence this research, particularly with regard to the emergence of psychotherapy and prisoner's despair as a field of exploration.

Within qualitative research, and as stated previously, Creswell (1998) suggests that one needs to begin with the assumptions, worldview and theoretical lens of the researcher. With regard to research methodology, this is often referred to as reflexivity, wherein the qualitative researcher is viewed as a tool through which the qualitative research proceeds (Finlay, 2003). This seems particularly important given that for Flood (1999: 35), 'without some degree of reflexivity any research is blind and without purpose'. This project, in embracing a phenomenological approach, views the experience of the researcher as vital in the research process. However contrary to a detached approach through which the researcher can be bracketed off within research (Giorgi, 1985), the researcher argues for an examination of the inter-experience between the researched, researcher and the phenomenon (Harman, 2008). This acknowledges that both the researcher and research are transformed and moved by the interplay between.

As a result, and contrary to the quasi-positivistic stance of qualitative research which suggests one should begin with research questions which are accessible and of current interest (Smith, 2008), on rejecting this neat delineation of the research's

interest, this project attempts to begin with experience as opposed to theory (Cayne, 2005).

To begin with, it seems that the researcher's previous research experience, which aimed to explore how psychotherapists experience working with a client in despair through a phenomenological investigation (Gee, 2010; Gee and Loewenthal, 2011), warrants consideration here. Within the study, in-depth, semi-structured interviews were conducted with eight accredited psychotherapists who had worked with clients in despair, with the aim of gaining understanding of the phenomenon in terms of the participant's meanings of the lived situation. In turn, a phenomenological research method, Empirical Phenomenological Analysis (EPA), which attempts to examine the intentional descriptions of participants (Giorgi, 1971, 1975), was used to analyse the data. Within the analysis, specific and descriptive statements were then drawn together from the interviews, providing themes, which according to the method are said to have emerged from the participant's descriptions.

However, alongside the four main themes, which emerged from the analysis through EPA, the researcher became aware of what had not emerged through the research method. In particular, through attending to the participant's description as much as was possible through the method of EPA, this failed to take into account the researcher's experience of what was said and how it was said. In turn, it was often not through the participant's description itself, but by something emerging through the unsaid, the slips and the way of saying, that the researcher felt as if she had heard something important about the phenomenon. For example, as the researcher listened to the participants describe how they worked with the despair,

the researcher became aware she felt she heard aspects of the client's anxiety that at times the participants did not seem to be aware of (Gee, 2010; Gee and Loewenthal, 2011). This questioned the modernistic stance that participants are able to speak of their experiences, suggesting that the participants' assumptions, biases and defences come together in presenting an edited version of reality (Potter and Wetherell, 1987).

In turn, the researcher became aware of what she termed a 'resistance' from certain participants in speaking of the phenomenon; of staying with the topic of despair (Gee, 2010; Gee and Loewenthal, 2011). The participants, who were aware of this to a certain degree, described it as a need to gain perspective and remain grounded so the despair didn't encompass them. However within the interviews, the researcher experienced a palpable anxiety, one that at times, seemed to encompass the participants.

This can be seen through the example of Polly, who became very emotional in the interview and resistant to speak of any client work. Before the interview began, she pointed out that despite having prepared for the interview, she wasn't able to speak of client work as she had such a large caseload that she found it hard to locate particular clients. At the time, this felt an odd statement from a senior accredited BACP member and supervisor, which she stated many times within the interview. However in the presence of Polly, the researcher considered that despair was too difficult a place for Polly to be in, both in the interview and in the work. The researcher noticed an anxiety within herself different from her experience in the other interviews, alongside a need to ask more questions than usual. The researcher

wondered whether her questions acted to bring Polly back to the experience or to distance her further from what seemed unbearable. In turn, the researcher wondered whether anxiety evoked by speaking of the despair in the interview had closed something down for the participant and potentially also the researcher.

Here emerged the importance of intersubjectivity in gaining knowledge of the phenomena of despair. It was through this process, that the researcher became aware of her reveries throughout the research, such as with Polly, and acknowledged how reverie may be used to address the relational more explicitly in obtaining knowledge about the phenomenon (Gee and Loewenthal, 2011; Gee and Loewenthal, 2013).

Leading on from this previous research, the researcher considered the potential for reverie to be considered alongside a phenomenological research method such as EPA in helping to reveal anxiety and aspects of intersubjectivity. Reverie was seen as holding the possibility for the researcher to hold the process of bracketing in a way which wouldn't involve bracketing all assumptions and ideas, but remaining open to the process and to reveries which emerged throughout. And as this project sees the potential for descriptive and interpretative activities to exist alongside one another, this can be seen to promote an interplay between (Cayne, 2005).

Therefore, this project argues for the need to approach researching despair in a way that acknowledges the importance of intersubjectivity in research as the meeting point between experiences (Cayne and Loewenthal, 2007). In turn, this project aims to attend to the implications of despair for this research, not simply applying

methodology and method to exploring the phenomenon, but to raise questions about researching despair, through the notion of despair.

As within the previous research (Gee and Loewenthal, 2011), the interest in researching the phenomenon of how psychotherapists experience working with a client in despair emerged initially from the experience of the phenomenon in the practice of the researcher. Despair was considered a pluralistic, fundamental human experience that, as spoken of by clients, seemed to involve a lack of hope, vitality and meaning (Farber, 1976; Frankl, 1967); one which was difficult to tolerate in another (Mitchell and Anderson, 1983). In turn, working with a client in despair seemed to bring about an anxiety in the psychotherapist, from which emanated a struggle and an inability to know best how to respond. In describing their practice with clients in despair, the researcher heard colleagues speak of feeling under-resourced and lost for words, alongside experiencing the uncharacteristic urge to give advice and a felt inability to maintain boundaries within the work.

The researcher's own anxieties evoked when working with despair often meant that she felt ungrounded, unsure which way to proceed, not-knowing what to say to the client. In turn, this meant that the researcher felt as if she was often without response. Further, the researcher felt a sense of the despair herself as she sat with the immensity of the client's feeling. For Kierkegaard, despair emerges through the opposing conditions of finitude/infinity and necessity/possibility, which determine the self's relating to itself (Storm, 2010). In turn, sitting with clients, the perceived lack of possibility, and sense of suffocation, felt palpable. However despite this, it was realised that contrary to the onslaught of psychological and

psychotherapeutic approaches, which attempt to ameliorate despair (Toch, 1992), the importance of simply being with the other in their despair seemed important (Weingarten, 2007).

In turn, despite the anxiety-provoking nature of the work with despair, the researcher acknowledged clients speak of how, when experiencing despair, they benefited from the therapeutic relationship. Psychotherapy may provide a sense of support for the client, vital when there appears to be no possibility of escape from the despair (Beck et al., 2003). This has widespread implications as it has been suggested that despair may be a 'central experience for everyone who enters psychotherapy' (Beck et al., 2005: 187).

This also raises important questions with regard to researching an experience, which for the participant and researcher can lead to a felt sense of suffocation. Further if possibility outruns necessity as with despair, can the 'where' from which participants speak of their experience (Kierkegaard, 1989: 39), often considered as vital within qualitative research, be located? It is suggested here that an approach is needed which does not simply adhere to the appearance of despair, but engages with the minute particulars and aspects of intersubjectivity. This also leads to questions as to how one can remain open to despair, without either filling the gap through theorising, or getting lost in the boundless, within research.

This research project emerged in part from the researcher's interest in prisoners' despair, developed through the experience of providing individual and group therapy to prisoners, particularly those under self-harm or suicide watch, or

exhibiting violence in custody, working alongside Safer Custody Initiatives. In turn, working within the Borderline Personality Disorder (BPD) service at HMP Pentonville, the researcher worked alongside initiatives aiming to target despair, self-harm and suicide (Linehan, 1993), alleviating symptoms and facilitating well-being. However the reality of the situation was dire, with a level of emotional deprivation, which for the researcher exceeded positivistic methodologies and goals. In fact the researcher's interest in how the psychotherapist can work with despair in the prison setting, developed through this acknowledgment alongside the documented difficulties working in forensic settings, including the 'perversion' of the client group and system as a whole.

Working with prisoners psychotherapeutically came the realisation of the despair of the prisoners within the prison setting, as well as the despair that saturates the system (Toch, 1992). The researcher noted a stark contrast, apparent on entering the prison, with a clawing, almost suffocating sense of despair pervading the setting as a whole. This despair manifests through a felt sense of hopelessness and brokenness in the people, as well as through the lack of light and air, locked gates and clanging of keys. In fact, in January 2013, on entering HMP Send, the researcher noticed an Inside Times article on the library notice board of which the headline read 'Abandon all hope and despair all ye who enter', referring to the prisoners' experience of being in prison (Pennington, 2013: 1).

A disharmony was also experienced between the sense of despair pervading the prison and prisoners, and the noise, laughter and high activity within the prison setting. In fact, both the banter between prisoners and staff as well as within staff

groups, often appeared disingenuous and a denial of an awful yet important aspect of experience.

Dissimilarly, within a prison e-zine the researcher noted the language used by a member of education staff in describing his experience in the prison setting:

The system swallows people whole, spits them out more fucked-up than they came in. The effect that I am able to have is infinitesimal. I hope that once this year is over I get some of my hope back. Despair is a sensible reaction in this world, in this place.

(Brown,
2011: 26)

This seems to suggest a real threat of the overwhelming nature of despair, should one engage with one's own or others' despair in the prison.

It is also important to note that in the therapy room, the researcher often experienced the dissipation of the mindless activity and the bringing with it a sense of hopelessness and inactivity, which has felt torturous. Particularly working with clients on indeterminate sentences, the researcher sensed the clients' and also her own loss of hope and meaning, for example, sitting with knowledge that the prisoner would not leave the prison setting within their lifetime. A male prisoner imprisoned for public protection (IPP) once told the researcher within a therapy session, 'I have not enough energy or life to feel panic. It's nothingness'. In turn, clients in the prison often speak of despair around loss of self, loss of freedom, loss

of life, as well as the despair around causing harm to another, which often switches between despair and angry denial.

The researcher's own sense is that when working with despair in the prison setting, the despair often 'sticks' leaving the researcher wondering whose despair she is left with. The sickly sense of despair was often experienced as a 'disconnect' from others and the world; an insular sense which is cut-off from a sense of meaning and future. This also leads to the importance of processing the despair, both through allowing the experience to work itself through without attempts at distraction and rationalisation and the importance of supervision.

Carlen and Tombs (2006) state that the prison is an unstable and dangerous symbol, facilitating patterns of dominance, exclusion and punishment. They suggest that the capitalist basis, through which the prison system sells the psychologies in reducing prisoners' despair as well as the damaging effects of imprisonment, merely attempts to hide and provide a cover up of prisoner and potentially also staff distress. This seems particularly relevant given that the recent government paper on prison rehabilitation, despite attending to psychiatric diagnosis and prison treatment, does not even mention the possibility of psychotherapy (Ministry of Justice, 2010).

It is however important to note that as Mooney and Arn state, prison exists in the abstract as well as the concrete:

Prison is a place, but it is also an idea, an idea that has engaged writers and thinkers...because it offers a way of expressing the

helplessness we all feel at some point in our lives... The idea of prison gives us a setting in which to imagine our relationship to the world when we are feeling frustrated, limited, hedged in, stymied. We can then go on to identify the forces that have landed us in this situation... and those that can release us.

(2005: 1-3)

For Kierkegaard (1989) who writes of a despair over the self as opposed to a despair over something, this concept seems apposite in that despair is not over the prison as such, but the very nature of despair can be seen to imprison.

There was something of Kierkegaard's (1989) thesis that the lowest form of despair is in fact our inability to be our own despair, that seemed vital for this research given that psychotherapy holds the potential for offering an exploration of despair, both conscious and unconscious. Loewenthal and Snell (2003: 13) speak of how despair and the desire to eradicate it, may lead clients to therapy through a wish for a solution, however they call for an approach which stays with 'what is'. This seems apposite with the researcher's own experience of despair in therapy, as it was not the acknowledgement of a conscious sense of the despair and the wish for its solution that led the researcher to analysis and to train as a psychotherapist. In fact the uncovering of the researcher's own despair was something that emerged through the therapy, leading in some way from what some may term an unconscious, to a conscious knowledge of despair.

As a result, the researcher's own consideration of despair within her analysis seemed important for this research. Within the researcher's own therapy, it was the speaking of despair; a staying with despair as opposed to moving away from it. It is this familiarity with one's own despair which Kierkegaard (1989) suggests points towards a sense of resolution. A further example seemed to play out within the writing of this research. As the researcher engaged in the research process, the researcher became aware of the boundless at play, whereby the very process of writing felt infinite and without limit, in such a way that as Kierkegaard (1989) suggests, it moves further and further away from itself. The researcher on speaking of this with PhD supervisors and her analyst, seemed to enable a different relationship to this, although it remains unclear what this was.

However it also seems important to acknowledge that research may be seen as a working through of something, as in this case, of the researcher's own experience of despair. Therefore despite attempting to begin with experience in outlining why the research topic of despair 'called to' the researcher, it must be acknowledged that this question may not yet be fully answerable in such a conclusive way. As van Manen (1997: 62) suggests, within phenomenological research 'we gather other people's experiences because they allow us to become more experienced ourselves'. Therefore it is argued here that in becoming more 'experienced' ourselves, we may need to work through our own experiences, such as of despair, before we are ready to speak of them.

Further associated with the above, is the researcher's view that despair can never fully be resolved, nor should it be. Despair is considered intrinsic to the human

psyche, something emerging through our very existence (Gee, Loewenthal and Cayne, 2011). In turn, it is through therapy that one may come to learn and speak of their own sense of despair. Therapy may then become a process of making the unconscious despair conscious through talk, as well as working through and learning how to stay with and navigate the pervasive sense of despair in therapy and life in general. This, for many clients the researcher has worked with, involves finding a sense of meaning, not to distract from or remove the despair, but to enable them to continue to live alongside it.

Further, it is also acknowledged from the researcher's personal experiences of despair, that despair cannot be described in scientific terms, as a state or symptom, which requires treatment (Diamond, 2011). Therefore alongside methodological aims, this project also aims to contribute to the deconstruction of the notion of despair, as well as contributing to the psychotherapeutic literature on working with despair. The study may therefore be considered important for those working with clients in despair, in particular within forensic settings.

In attempting to begin with phenomenology, the chapters within this study will embrace the possibility of a phenomenological approach both in and through the presentation of the chapters. The following presents an overview of each of the chapters within this research, outlining how the chapter will attempt to address the research question. Each chapter will be described in turn.

Firstly it must be noted that this chapter has attempted to provide an introduction to the research, as well as presenting the rationale for the emergence of the research as

an area of study. This has involved presenting the starting point for this research, through phenomenology, as well as attempting to begin to consider where the researcher herself begins. A consideration of previous research, as well as the researcher's own experience has therefore presented a stance contrary to that within scientific methodologies which suggest the researcher is either partialled out or considered a tool within the research (Fink, 2000).

Chapters 2 and 3 move on to review the literature, each with a distinct focus regarding the research topic. Specifically Chapter 2 explores the notion of despair as explicated in the existential-phenomenological and forensic literature, whereas Chapter 3 explores the literature pertaining to the therapeutic resolution of despair, which includes literature regarding the implications of psychotherapy for despair.

Therefore, Chapter 2 will, as stated above, outline and explore the concept of despair according to the existential-phenomenological and forensic literature. Despite the researcher's acknowledgment of the abundance of writings on despair, for example, from the schools of philosophy, theology, and psychology, Chapter 2, embracing the possibility of a phenomenological approach to research, begins with the consideration of the existential-phenomenological literature on despair. Importantly, we see that this tradition differs to that of psychology, which employs the methods of the natural sciences (Heaton, 2009) in operationalising notions, such as despair (Moustakas, 1990, 1994). Further, as Kierkegaard (1989) suggests, it is only through attendance to subjective experience, as opposed to scientific methods, that one may gain knowledge of the phenomenon.

Therefore, in beginning with phenomenology, Chapter 2 will attempt to explore the writings of Kierkegaard (1989), outlining his explication of despair, as well as the methods by which despair is approached, as opposed to engaging with attempts to operationalise despair. In turn, epistemological, ontological and methodological questions will be raised through the presentation of the alternative existential-phenomenological standpoints of Hegel (1977a), Heidegger (1962) and Sartre (1958).

On paving the way for the consideration of therapy and despair in the prison setting in Chapter 3, Chapter 2 will also consider the forensic literature with regard to the notion of despair. We see the forensic definition of despair stands contrary to the existential-phenomenological literature, considering despair under the medical sciences (Toch, 1992; Adshead, 2010), exhibiting predictable patterns (Toch and Adams, 1989) and as a treatable entity (Wood, 2007). However, in beginning with phenomenology as the interpretative lens of this research (Neuman, 2000), a deconstruction of the forensic literature on despair, through the existential-phenomenological literature, will be presented.

It also seems important for the researcher to acknowledge that despite exploring notions of despair within Chapter 2, the aim was not to provide a theoretical framework by which to consider despair, but to explore despair as complex and potentially unknowable. In turn, despite this exploration of despair informing future chapters, an attempt is made to consider despair throughout this project as subject to (Freud, 1915; Merleau-Ponty, 1962).

Subsequently Chapter 3 presents the second review of the literature, with regard to the therapeutic resolution of despair. This chapter therefore has a twofold focus; to explore the resolution of despair as explicated by Hegel (1977a), Kierkegaard (1989), Heidegger (1962) and Sartre (1958), and to consider the place of psychotherapy with despair, with particular reference to the prison setting.

The reference to ‘therapeutics of despair’ can be seen to emerge from the therapeutic resolution of despair referred to within the writings of Kierkegaard (Berthold-Bond, 1998: 33). As a result, the concept of therapeutics begins from the derivation of the Greek *therapeuin* or *theraps*, to serve, administer or attend, as opposed to the psychological definition, which refers to the treatment of pathology (Heaton, 2009). This seems particularly relevant to the exploration of despair given the existential-phenomenological literature presented in the previous chapter, which views despair as a sickness of the self, as opposed to a state or illness to be treated (Kierkegaard, 1989).

Within Chapter 3, we see the existential-phenomenological literature approaches the resolution of despair in a way which privileges the notion of the self’s relation to itself, viewing this resolution as a ‘beyond’ or a resolution that can never be fully reached (Hegel, 1977a: 138). Despair is therefore viewed as something not to be treated through method and intervention but as a phenomenon, which itself points towards a resolution (Kierkegaard, 1989). Through the resolution or unlocking of despair, the existential-phenomenological literature writes of the possibility of an authentic relation to the self (Heidegger, 1962) as well as a facing up to mortality

and one's own despair (Sartre, 1958). However questions are also raised as to the impossibility of a therapy for despair (Theunissen, 2005).

This starting point is different to that of the psychological and forensic literature which begins with the assumption that psychotherapy involves a psychotherapeutic intervention in bringing about a positive outcome through the alleviation of feelings of despair (Burgy, 2008; Richman, 1995; Towl et al., 2002). In turn, Chapter 3 will explore the psychotherapeutic approach to the treatment of despair which involves an exploration of the hypothesised causes of despair, a consideration of coping and management strategies for dealing with despair (Erickson, 1950; Richman, 1995; Burgy, 2008; Adshead, 2010) and the promotion of hope in response to despair (Weingarten, 2000; Flaskas, 2007a). Alongside this, the well-documented struggle evoked within the psychotherapist working with despair is presented (Farber, 1968; Lowery, 1984; Ziegler and McEvoy, 2000).

Finally Chapter 3 attempts to explore the forensic literature concerned with the treatment and management of despair in the prison setting, particularly through the need to safeguard prisoners from harm to self and others (Towl, 2003). Through a comparison of despair and the possibility of its resolution within the existential-phenomenological literature, a critique of the psychotherapeutic and forensic literature will emerge.

It is important to note that there lies a significant difference in the focus of the literature reviewed in Chapters 2 and 3, as stated above. In turn, despite the rejection of a constructivist theory in exploring despair (Heaton, 2009), the

implications of the writings developed within Chapters 2 and 3 will be held, in particular, for the methodology chapter which follows.

Chapter 4, the methodology chapter, is often defined as the theoretical analysis of the method. However important questions are raised with regard to the appropriateness of Chapters 4 and 5 referred to through ‘methodology’ and ‘method’, given that the writings of Gadamer (1986) reject the concepts of methodology or method, in locating truth within the study of the human sciences. However, attempting to engage within the phenomenological approach throughout this research, Chapter 4 will aim to raise questions with regard to researching despair, as opposed to providing an overarching dogma, which should be followed or applied.

Further, this research is interested in the notion of possibility, through which phenomenology must be understood 'only by seizing it as a possibility' (Heidegger, 1962: 38). This was considered particularly relevant given this study's twofold focus in analysing the data through a phenomenological approach, whilst problematising notions of ‘phenomenological research’ through reverie. Questions are also raised around phenomenology in relation to methodology and method, particularly if we acknowledge the abundance of phenomenological research method which contrary to phenomenology's philosophical aims, set up empirical, systematic methods, which psychologise the notion of phenomenology. As argued within Chapter 4, methodology in research must stand in relation to philosophy, with the methods emerging from philosophy. Therefore, phenomenology in

research must be developed in a way that remains open to phenomenology as explicated within its philosophical aims.

Chapter 4 will begin by describing why a qualitative approach seemed apposite to researching the phenomenon of despair, with its supposed rejection of the quantitative and empirical, for an interest in experience, subjectivity and individual meaning (Corbin and Strauss, 1998). The next section within the chapter will consider both phenomenology and phenomenological research, looking at the points of supposed convergence and more importantly, divergence between these concepts. In turn, this section will draw particular reference from the works of Merleau-Ponty (1962, 1964), outlining why his phenomenology was a starting point for this research.

Chapter 4 will also explore the approach to researching the psychotherapist's experience of working with despair in a UK prison setting, through the raising of questions of epistemology, ontology and ethics for the study of despair. These questions will address how one could gain knowledge of despair, given its potential nature. In turn, a privileging of the ethical over the study of knowledge or being will be presented. Drawing on the literature presented in Chapters 2 and 3, further methodological issues will be raised, for example, the implications of an unconscious despair and the possibility of the defended subject(s).

As outlined, the possibility of a phenomenological approach to researching despair, through a comparison of an initial analysis of the data through EPA (Giorgi and Giorgi, 2003) and a secondary analysis, through reverie, will be used to

problematise notions of 'phenomenological research' and to develop an approach to research through the notion of reverie, presented in the discussion, Chapter 8. Therefore finally within Chapter 4, approaches to phenomenological research will be discussed, providing an argument for why the researcher came to choose the two approaches for the initial and secondary analysis of the data.

The next chapter, Chapter 5 is often referred to within research as the 'method' chapter, in that it outlines the specific features of the chosen methods for approaching the research question (Langdridge and Hagger-Johnson, 2009), as emerging through the methodology chapter (Yin, 1989). The study of method even within qualitative research, can be observed to embrace a positivistic, scientific methodology (6 and Bellamy, 2011). Further, returning to the writings of Gadamer (1986), we see that method in the study of human experience, may be considered perverse.

Firstly, Chapter 5 considers any methodological issues as subsidiary to the methodology and in this case, phenomenological underpinnings of the study, grounded in questions of epistemology, ontology and methodology, presented in Chapter 4. Secondly, despite rejecting a positivistic approach, this chapter will explore the research design and specific research strategies employed in the research (Fouche, 1993; Silverman, 2000), paving a way for the critique of this in the discussion of the research in Chapter 8.

Chapter 5 will also consider the key terms within the research and how they are operationalised within the research. This is followed by a consideration of

participants, in particular the sampling of participants, the sample size and issues of generalisability given the participant demographics, and the research design. Next, ethical considerations are outlined, both through the consideration of the writings of Levinas and practical, ethical issues that arise within current research practices. This is alongside an exploration of the concepts of reliability and validity within research, which despite standing contrary to the qualitative, phenomenological approach within this research, warrant consideration.

The methods of data collection are also to be outlined, drawing on the implications of intersubjectivity for the approach to data collection, including the interview and transcription process. Finally the methods of data analysis, which emerged from the previous chapter through a consideration of the philosophical underpinnings, are outlined. Therefore, this section will outline the aspects of the chosen methods, EPA (Giorgi and Giorgi, 2003) and reverie.

The method of EPA attempts to identify themes of the phenomenon as experienced, through a number of stages through which the participant's description is discriminated, transformed and represented. In turn, the analysis of the transcripts followed the four stages of EPA (Giorgi, 1985) where first the researcher attempted to gain a sense of the whole of each transcript through re-reading and a meditative process (Wertz, 2005). The next stage involved the discrimination of meaning units, within the psychological perspective, within which the researcher held in mind the process of bracketing and what this might mean for the research wherever it seemed appropriate (Polkinghorne, 1989). Next, each meaning unit was transformed in an attempt to express the psychological insight directly, involving a move away from

the participant's everyday language, through the processes of reflection and imaginative variation. The researcher attempted to reflect on the phenomenon and what each meaning unit revealed about the phenomenon of working therapeutically with a client in despair in a UK prison setting.

Finally the transformed meaning units were synthesised to provide a description of the psychological structure of the psychotherapist's experience through the Specific Descriptive Structure and the General Descriptive Structure (Giorgi, 1985). Each Specific Descriptive Structure contains all meaning units specific to the individual participant, integrated into a statement about the structure of the phenomenon of working with a client in despair in a UK prison setting. In turn, the General Descriptive Structure is established through the bringing together of transformed meaning units for each participant, with an assessment of inter-relationships, commonalities and variations between meaning units and among participants.

In contrast, the implication of reverie for research seemed particularly different to the above, as it seemed important not to reduce the reveries to a 'structure' or a set of findings, nor to set-up a method for its use. The researcher therefore attempted to allow the reverie chapter to emerge from the reflexive fieldnotes and researcher reveries noted throughout the research process, which were at times, discussed within the researcher's own analysis.

The findings from the analysis of EPA will be presented in Chapter 6, followed by the presentation of reverie in Chapter 7.

Chapter 6 presents the initial analysis through EPA (Giorgi, 1985) exploring how the psychotherapist experiences working with a client in despair in a UK prison setting. Despite its interest in phenomenology and as discussed within the methodology chapter, we see that the method of EPA is located within positivism, where it is assumed that the findings from the analysis can be observed, located and represented through language. However the chapter will outline the findings from the analysis, presenting data from the different stages to provide transparency (Giorgi, 1989), including an excerpt of a meaning unit table (Figures 1-3) and the Specific Descriptive Structure for Karina (Figure 4). Finally, the General Descriptive Structure, which draws on themes across and between all 10 participants (Giorgi, 1989), is presented in Figure 5.

Further Chapter 6 outlines the five main themes generated from the analysis. Within the General Descriptive Structure, the five themes: The Prisoner's Experience of Despair; Therapeutic Response to Despair; Barriers to Working Therapeutically in the Prison Setting; Evocation in the Psychotherapist and Supporting the Psychotherapist, are presented by grouping the constituents that make up each theme into sub-themes and using verbatim examples from the participants to illuminate the structure (Wertz, 1985).

As will be outlined, the analysis and presentation of data through the method of EPA opened the research up to a number of difficulties. In turn, it was through this analysis that the researcher became aware of what had not emerged through the research method. In turn, the researcher acknowledged the need to approach researching the phenomenon of working with a client in despair in the prison

setting, differently. The limitations of the method of EPA as noted throughout the analysis by EPA are discussed and collated within the discussion chapter, Chapter 8.

The next chapter, Chapter 7, presents the secondary analysis of the data through reverie, enabling a comparison with the initial analysis by EPA. Further, questions are raised as to the possibility of a phenomenological approach to researching despair through reverie and presented in Chapter 8.

As a result, Chapter 7 presents the researcher's reveries emerging through the exploration of the research question, through the processes of sampling, interview, transcription and analysis for each participant, which seemed to communicate something about the research question. Through the presentation of reveries, questions are also raised with regard to how one can represent reverie in research given the nature of reverie as ever in flux (Ogden, 1997). And despite the attempt at the reproduction of researcher reveries, the acknowledgment is made that the researcher's reveries are in fact un-reproducible; an aspect which will be further explored in Chapter 8.

Within Chapter 7, the researcher will attempt to present reveries through the poetic and scenic as opposed to the scientific. In turn, the broad groupings of the reveries: 'Reverie and the Emergence of Despair'; 'Reverie and the Prison Environment' and 'Reverie and Defences against Despair', are presented. However the groupings aimed not to categorise reveries under headings as such, but to allow the text to speak for itself in relation to the individual and the research as a whole. Further, it

is understood that the reveries may say something more than the group they sit within.

Through the presentation of reveries, the researcher attempted to address aspects of the intersubjective in research, through an attendance to the relationship between researcher and research, as well as to the way in which the phenomenon is spoken of. Further it is through this presentation that a comparison was made between what emerged within the analysis through reverie and what failed to emerge through the research method of EPA. In turn, as presented in Chapter 8, the potential of reverie for addressing the between within research, has important implications for the possibility of a future phenomenological approach to researching despair.

The final chapter, Chapter 8, aims to discuss the findings of this study, alongside presenting the limitations of the initial analysis of EPA. However most importantly, it raises questions with regard to the possibility of a phenomenological approach to psychotherapeutic research, which is apposite with phenomenology's philosophical aims. In turn, drawing on phenomenology as outlined by Merleau-Ponty (1962), this chapter raises questions as to whether reverie can enable us to remain open to the between in research.

Initially, Chapter 8 will describe the implications of the findings from the analysis through EPA presented in Chapter 5. Further these findings will be discussed in relation to the literature provided in Chapters 2 and 3, outlining similarities as well as potential differences between the two presentations. Next, the limitations of EPA and 'phenomenological research methods' in general are presented with regard to

researching how the psychotherapist experiences working with despair in a UK prison setting. In turn, within this section it is argued that phenomenological research methods destroy the singularity of the individual experience, denying aspects of experience and closing down experience in research to the systematic and empirical.

This section will also draw on the researcher's reveries in Chapter 7, enabling a comparison to be made between the initial analysis of participant's descriptions by EPA and the secondary analysis through reverie. This comparison raises epistemological and methodological questions with regard to the possibility of a phenomenological approach to research, which is explored in the final section within this chapter. It was in fact through the analysis by reverie that the researcher questioned the assumption that participants have insight into their experience (Hollway, 2011), at times noticing an avoidance of despair within the interviews, alongside an increase in theorising, or engagement with a sense of hope. However, in comparing the initial and secondary analysis, the researcher became aware of what had not emerged through the analysis by EPA. It was only through the saying as well as the said, alongside an attendance to what emerged within the between as stated above, that something important emerged about the research question.

Finally, Chapter 8 will present a discussion of the literature relevant to exploring whether the phenomenon of despair could be approached through reverie, in a way that enables the possibility of a phenomenological approach for research. This will involve a consideration of alternative research methods, as well as reverie. In turn, the question will be raised as to how reverie can be developed in such a way that

departs from the need for method in research, which can be argued, attempts to systematise and psychologise the notion of phenomenology (van Manen, 1997). Chapter 8 also argues for an approach to researching despair through phenomenology which is less interested in locating an essence, and instead embraces post-existential thought which questions fixed meaning in research, highlighting the instability of language and the incompleteness of experience.

Finally, the question is asked as to whether the implications of reverie can be developed further in a way that promotes a being-with or dialogue within research. Chapter 8 will discuss how one may represent reverie within research, in an attempt at letting the text speak for itself, as opposed to speaking from a place of interpretation. It can also be said that in the very spirit of phenomenology, the chapter will attempt to raise questions, as opposed to providing answers to the question of the possibility of a phenomenological approach to researching despair.

Overall, this introduction chapter has attempted to consider important aspects within this research, as well as the place from which the researcher and in turn the research begins. Having considered the emergence of the research question and the field of study, the following chapter, Chapter 2, will engage with the existential-phenomenological and forensic literature on the notion of despair.

CHAPTER 2 EXPLORING DESPAIR

2.1 INTRODUCTION

Whereas the focus on the previous chapter stood to provide an introduction and rationale to the emergence of psychotherapy and prisoners' despair as a field of exploration, Chapter 2 provides an exploration of the notion of despair as explicated in the existential-phenomenological and forensic literature. In turn, the subsequent chapter, Chapter 3, will provide a review of the literature relevant to the therapeutic resolution of despair, with particular reference to psychotherapy in the prison setting.

As stated within Chapter 1, in research the overarching lens through which the research is viewed 'organizes the evidence into different patterns' (Alexander, 2003). With regard to Chapters 2 and 3, in the study of the literature concerning how the psychotherapist experiences working with a client in despair in a UK prison setting, phenomenology may be considered the interpretative lens from which the literature is considered and deconstructed. Therefore despite the relative neglect of despair in the psychological and psychotherapeutic literature (Woolfolk, 2002) and the diverse engagement across philosophy and theology, this chapter will initially consider the existential-phenomenological literature emanating from philosophy in exploring as opposed to operationalising notions of despair (Moustakas, 1990, 1994).

Further it is acknowledged that far from phenomenology just being an approach explored through this research, this and subsequent chapters are considered as part of the phenomenological investigation. This review will therefore begin to engage with epistemological, ontological and methodological questions, emerging through engagement with the literature, exploration of the methods by which despair is approached and the ways in which despair is spoken of within the literature.

Importantly, the existential-phenomenological tradition differs from that of psychology, psychoanalysis and forensic psychology, which are based on methods of the natural sciences and whose models and theories are to be learned, accepted and understood (Heaton, 2009). In fact with its focus on the phenomenon as experienced (Fouche, 1993), the existential-phenomenological approach rejects the premise that the phenomenon is a neutral object out there to be apprehended (Denzin and Lincoln, 2000). Heaton (2009: 121) in speaking of terms of existence such as 'despair' explains, 'they are equivocal as they are ways of accessing a life; they cannot be read off from what they appear to say, their meaning cannot be abstracted from their context'. Questions of existence such as the experience of despair therefore depend on speaker, context and intention; not so much what is said but also how it is said. For, 'how words are understood is not told by the words alone' (Wittgenstein, 1967: 144).

According to Heidegger (1962), phenomenology similarly involves letting things show themselves from themselves, in the very way in which they show themselves from themselves. From this we understand that phenomenology cannot begin with theory, but, instead, must always begin anew with the phenomenon under consideration showing itself. This seems particularly important given that in

research, and as with this project, we begin with a consideration of the theory relevant to the phenomenon under study.

Further, as opposed to proposing theories of despair, phenomenology's interest lies in the significance and meaning of the phenomenon; 'that something which can become manifest, visible' (Esposito, 1997: 79). Therefore it attempts not to locate answers, but instead to raise questions about the phenomenon, in order to begin to understand something of it.

Finally, this tradition readily accepts that the phenomenon has no fixed meaning to which we can point with authority, as the language we use to describe it requires interpretation (Lacan, 1938, 1993). This undermines the possibility of beginning with a stable definition of despair in this study (Torsti, 2000). So, although an analysis of the research question, even within phenomenological research methods usually involves defining, describing and thus operationalising concepts (Moustakas, 1990, 1994), the activity of defining despair fails to consider that the term defined may hold multiple meanings.

Therefore, Heaton (2009) calls for a dialectical examination of despair, that is, the need for an examination of the meaning of the phenomenon, relevant to context and subject. For as Kierkegaard (1941: 72) suggests, 'in relation to an existential communication, existing in it is the maximum of attainment, and understanding it is merely an evasion of the task'.

Accordingly, the existential-phenomenological tradition approaches problems of human existence such as despair in an indirect way. It understands despair as complex, and the capacity to understand it cannot be taken for granted. This raises

important questions as to how one gains knowledge of phenomena, particularly given that for Kierkegaard, understanding can be considered an evasion of exactly this.

This chapter will therefore begin by exploring the existential-phenomenological literature regarding despair, rather than providing a definition, identifying how this literature has approached questions of despair and the limits imposed.

It is important to note that with regard to reviewing the existential-phenomenological literature, the researcher began with Kierkegaard (1989) for two main reasons. The first being that Kierkegaard is considered important within the post-existential, a position taken up by this research, which attempts to challenge transcendental phenomenology, the need for understanding and the technical (Loewenthal, 2008). Secondly, the writings of Kierkegaard on despair emerged as the most central treatise on despair, with important implications for psychotherapeutic research and practice, from the initial research by the researcher which outlined the psychotherapists' experience of working with a client in despair (Gee and Loewenthal, 2011). This is partly due to Kierkegaard's ability to engage phenomenologically with the phenomenon and its implications; but also as his descriptions embody much of the researcher's experience of despair, with regard to her research, practice and personal experiences of despair.

It was only from this point, on reading through and around Kierkegaard's writings, that the centrality and importance of Hegel's writings, in developing Kierkegaard's writings on despair, emerged (Ricoeur, 1981). Further, in exploring other philosophers' writings on despair, Heidegger (1962) and Sartre (1958) emerged as

having something important to say about despair. And despite the exploration of other writers such as Hemingway (1966) and Nabokov (1966), and philosophers such as Marcel (1962) and Jaspers (1919), Theunissen (2005) declares that it is only in the writings of Heidegger and Sartre, that we see a transformation of Kierkegaard's writings on despair.

Therefore these alternative existential-phenomenological standpoints on despair will be discussed, beginning with an initial discussion of the phenomenology of despair as outlined by Hegel (1977a). Following an explication of the writings of Kierkegaard (1989: 38-39) and despair as 'the sickness unto death', the writings of Heidegger (1962) and Sartre (1958) will then be discussed with regard to their exposition of despair and modes of accessing it. In turn, it is important to note that it is these writings from which implications for the methodology for this research will be developed in Chapters 4 and 5.

Finally, despair as it is presented in the forensic literature is explored. Despite employing a scientific epistemology, which holds the premise that one can discover objective data as a means of contributing to knowledge and truth, a consideration of this literature is vital in paving the way for a consideration of literature relevant to the therapeutic resolution of despair as explicated in the forensic literature in Chapter 3.

Within this review, the existential-phenomenological and forensic literature will be explored in terms of the similarities and in turn, differences in structure and method, from the phenomenology of despair as explicated in *The Sickness Unto*

Death (Kierkegaard, 1989). Further, this will enable, a deconstruction of the forensic literature, through the existential-phenomenological literature.

The writings of Hegel in relation to despair, will now be explored.

2.2 HEGEL

Although it can be said that Hegel, and in turn Kierkegaard, have given rise to whole philosophical/theological traditions (Marsh, 2003), there exists a ‘standard view’ of Kierkegaard’s relations to Hegel whereby Kierkegaard’s writings are either subsumed by Hegel’s thinking, or Hegel’s writings rejected by Kierkegaard (Stewart 2007: 3). However, despite their relationship being far from simple, as Ricoeur (1981) outlines, the feat of considering Kierkegaard’s writings must be done so alongside Hegel’s works. As he states, ‘we began with a simple and naive opposition between Kierkegaard and Hegel...The question is not to attenuate it but precisely to think it as a meaningful opposition...It signifies that Kierkegaard decidedly cannot be understood apart from Hegel’ (Ricoeur, 1981: 335-336).

As a result, in considering despair as explicated in the writings of Kierkegaard, one must first consider Hegel’s writings on despair. And although this project lacks the capacity for an in-depth comparison of Hegelian and Kierkegaardian philosophy, it will present Hegel’s (1977a) dialectical, phenomenological methods employed in the *The Phenomenology of Spirit*, as well as outlining despair through the unhappy consciousness. This stands in order to pave the way for a consideration of Hegel’s concept as well as Kierkegaard’s (1989) phenomenology of despair.

Within Hegel's work, *The Phenomenology of Spirit* (Hegel, 1977a), he describes despair, or what he terms the unhappy consciousness (Wahl, 1951). *The Phenomenology of Spirit* was portrayed by Hegel (1977a: 593) outlining the ways in which the spirit 'presents itself'. This reflects the phenomenological method of Hegel (1977a) whereby his aim was to show how the discovery of phenomena may come about through attendance to consciousness. This is particularly important as for Hegel (1997a: 36), the work of the phenomenologist involves a 'refusal to intrude into the immanent rhythm of the labour of consciousness'. This seems to hold similarities with Kierkegaard's approach in *The Sickness Unto Death* whereby through a pseudonym, he attempts to allow the work to emerge as that of the pseudonym (Berthold-Bond, 1998).

Within *The Phenomenology of Spirit* we see presented the journey of self-discovery of consciousness, which begins with naive self-awareness and ends with a genuine self-knowledge (Berthold-Bond, 1998). However, Hegel too presents the negative that underlies the ontology of human selfhood whereby the self is seen as restless in its desire and unable to achieve unity of self. It is through this self, as will be discussed, that Hegel paves the way of despair.

However before the concept of Hegelian despair is discussed, the dialectical movement within *The Phenomenology of Spirit* must be considered. One can see that within his works, Hegel's (1977a) interest lies in justifying the standpoint of science, which in Stewart's (2007) view, is the main task of Hegel's writings as a whole. Here phenomenology must demonstrate the superiority of science, grasping the interconnections of things, to common sense, or thinking characterised by a

dualism. If science is to be justified, this dialectical method, which ‘goes through every form of the relation of consciousness to the object’, must therefore be worked out to demonstrate internal contradictions of common-sense dualism (Hegel, 1977a: 48).

In *The Phenomenology of Spirit*, the theoretical subject, natural consciousness defends the various dualistic positions and then works through the dialectical, rendering concepts contradictory (Hegel, 1977a). The internal contradictions in the dualistic notions that come up in the course of the dialectic are generated as specific criteria for truth as determined by a given concept that does not match up with the given representations. Every given notion has a fixed internal criterion for truth, ‘the in-itself’ or the criteria contained within consciousness (Hegel, 1977a: 75). It is therefore, according to this internal standard of consistency that notions of natural consciousness must be examined and tested.

Within the dialectic, natural consciousness posits a concept, representing the first criterion for truth examined for consistency. As a result, when these internal contradictions are uncovered, natural consciousness must locate a new concept. For Hegel (1977a), the dialectical movement is thus characterised by a comparison of the given criterion with the experience of the object (Stewart, 2007).

However it must be noted that Hegel’s interest in science can in many ways be seen as contradictory to the phenomenology through which he attempts to uncover the phenomenon. In turn, one can initially see parallels between the language used here and the quantitative and even qualitative approaches to research whereby concepts

are examined, tested and conclusions are drawn from these activities (Silverman, 2000). It seemed important therefore to this research, to explore not only the ways in which despair is spoken of, but also the methods, which are engaged in accessing the phenomenon.

Having provided a basis for the dialectic movement presented within Hegel's work, despair and the unhappy consciousness will be outlined.

2.2.1 The Way of Despair

At this point, it seems important to briefly unpick Hegel's notion of the self. Hegel's conception of the self may be seen as radically different to preceding philosophical views on the self, whereby, as Trigg outlines, the self was seen as an illusive postulate, or considered a self-sufficient entity, capable of existing in-itself (Trigg, 2004).

For Hegel, it is the relationship between the self and otherness, which defines human awareness. Hegel argues that only through or in the experience of desire does consciousness come to know it-self as self-consciousness; as an I (Trigg, 2004). Therefore, 'self-consciousness exists in and for itself when, and by the fact, it so exists for another; that is, it exists only in being acknowledged' (Hegel, 1977a: 111). However Trigg (2004) further posits that the realisation of self-consciousness emerges through the desire and negation of something of an equal status and is necessary if consciousness is to recognise its incompleteness. Further, Hegel (1977a: 80) states that despite maintaining itself, 'consciousness suffers this

violence at its own hands: it spoils its own limited satisfaction'. It is therefore through acknowledging its own untruth that consciousness feels the urge to retreat:

When consciousness feels this violence, its anxiety may well make it retreat from the truth, and strive to hold on to what it is in danger of losing. But it can find no peace. If it wishes to remain in a state of unthinking inertia, then the thought troubles its thoughtlessness, and its own unrest disturbs its inertia.

(Hegel,

1977a: 80)

Within this, consciousness acknowledges its incomplete nature and therefore the distance between itself and the ideal self it wishes to be.

The resulting forms that consciousness takes up may therefore be considered in response to the desire for self-unification (Berthold-Bond, 1990). For Hegel posits that unity of self is unachievable, therefore leaving the self incomplete and restless in its desire; 'the self is never able to achieve a lasting satisfaction, a stable resting place – it is always incomplete, always in process of becoming, ever restless in its desire' (1977a: 12). In turn, for Hegel (1977a), this unrest is the self.

Importantly, Hegel (1977a; 19) writes of a negative ontology, whereby being human is overcome by the 'tremendous power of the negative', with anxiety as a necessary function of consciousness's realisation. Therefore Hegel (1977a: 49) posits that consciousness is 'regarded as the pathway of doubt, or more precisely as

the way of despair'. Further this way of despair results in, 'grief and longing (which) permeates all [the shapes of consciousness], their centre and the common birth pang of the spirit as it becomes self conscious' (Hegel, 1977a: 455-457).

The suggestion of despair as arising through consciousness, and emanating from the negative that underlies human ontology is far removed from the broadly psychological definition of despair as 'the complete loss or absence of hope' (Hawkins and Allen, 1991: 392). The psychological definition often locates despair within diagnoses such as depression (Beck et al., 1974; Coyne, 1985), associated with hopelessness and the behaviours of suicide and self-harm (Fry, 1986; Ruvelson, 1990). Yet within the researcher's psychotherapeutic practice, a negativity underlying the client may be witnessed; and not as a symptom or diagnosis, but in their very way of being.

Further contrary to the psychological definition of despair, Kierkegaard's (2004) analysis of despair may be seen to involve a parallel to the division that underlies Hegel's unhappy consciousness as he explains that man is always absent from himself, despite seeming to reach contentment. As Kierkegaard writes:

For the unhappy person is he who has his ideal, the content of his life, the fullness of his consciousness, his real nature in some way or other outside himself. The unhappy man is always absent from himself, never present to himself.

(2004: 216)

In fact as will be developed in the following section, despite suggested disparities, some suggest structural and anatomic similarities exist between the portrayal of despair in *Phenomenology of Spirit* and Kierkegaard's (1989) writings on despair (Stewart, 2007).

The phenomenology of despair as it emerges through dialectical aspects of consciousness will now be outlined.

2.2.2 Self as Abstract Modes of its Being

Hegel's (1977a: 130) phenomenology of despair can be considered by looking at it with regard to the self as abstract 'modes of its being'. It is through Hegel's 'Changeable and Unchangeable' aspects of consciousness that he outlines the dialectical relations which underlie the disrelational synthesis of the self, through which despair can be seen to emerge. It again must be noted that this approach stands contrary to the psychological definition of despair, whereby despair is considered a structural or personality abnormality, such as an emotional state of mind (Linehan, 1993). In turn within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), despair is referenced as a symptom of disorders such as Depression, Bipolar Disorder and Dysthymia Disorder (American Psychiatric Association, 2000). We must therefore consider that Hegel seems to begin at a different place, by understanding despair as emerging within the synthesis of the self.

Hegel (1977a) suggests the unhappy consciousness is formed through the dialectic between the Changeable (mutable) or unessential, and the Unchangeable (immutable) otherwise known as the essential. Consciousness views these two aspects as a contradiction, despite not acknowledging that it is itself this contradiction. In turn, a constant unrest emerges as consciousness identifies itself with the Unchangeable and takes the Unchangeable as its essence, denying the Changeable and denying itself because it also knows that it is part of the Changeable.

As a result, consciousness wants to come to terms with the contradictions present, ‘for the oneness of the particular individual with the [formless] Unchangeable is henceforth the essence and the object for this consciousness’ (Hegel, 1977a: 214). In consciousness’s attempt to come to terms with the Unchangeable, Hegel understands the desire of the despairing self is for unity of the self. Further, Berthold-Bond (1998: 41) suggests Hegel sees the self in despair as ‘disunity before God’, and therefore, despair and the unhappy consciousness cannot be fully understood separate from the self’s want for religious salvation (Solomon, 1983).

As Trigg (2004) explains, Hegel suggests three ways in which consciousness seeks to unite itself or seeks oneness with the Unchangeable. Firstly, distinguishing itself from the Unchangeable through projecting its Universality; secondly believing that its very contingency is part of the Unchangeable and thirdly, reconciling these two poles, by identifying itself in the Unchangeable as Spirit.

The concrete embodiment of the model discussed above (Hegel, 1977a) as it

presents in consciousness, will now be discussed.

2.2.3 Embodiment of the Abstract Model

Following the above consideration, Hegel (1977a: 128) suggests the need to examine the embodiment of the abstract model, examining how ‘the divided self-consciousness passes in its wretchedness’ and through which differing forms of the unhappy consciousness emerge:

In accordance with the threefold relation this consciousness will have with its incarnated beyond: first, as pure consciousness; second, as a particular individual who approaches the actual world in the forms of desire and work; and third, as consciousness that is aware of its own being-for-itself.

(1977a: 214)

Within all forms of despair, it is suggested that the self strives to know its essential nature, however Hegel views that one can not come to know this, as the self experiences, not this nature, but its own finitude, desire and lack of self-unity.

Within the first form of Hegel’s (1977a: 131-132) unhappy consciousness, ‘pure consciousness’ or ‘musical soul’, consciousness, on failing to reach self-unity ‘merely gives itself up’. Thereby this form of despair involves a passive immersion into ‘pure thought’ through which the musical soul experiences self-completion as unattainable.

With regard to the second form of despair, 'desire and work' (Hegel, 1977a: 132-135), Hegel suggests it emerges through the acknowledgement that the self can never seek unity. The appearance of 'work' or 'labour' was brought about through discussion of a master and slave dialectic whereby the labour despite disguising the impotent self of the slave, brings awareness to the slaves being through the product of labour. However the alienation from the product of the labour leads to a loss of faith in the slave in discovering its being. This leaves with it an experience of incompleteness and a being 'broken in two' (Hegel, 1977a: 133).

The ascetic unhappy consciousness is Hegel's final and most extreme form of despair. In the self's inability to create a whole self for which it longs, the source of its despair becomes its desire (Fink, 1977). Therefore Hegel (1977a: 135-6) explains how this state destroys the self's satisfaction, 'a personality brooding over itself as wretched as it is impoverished'. In turn the constant disappointment over the inner division of the self leads to acts of self-destruction and a state of intense despair, or as Berthold-Bond (1991) explains, an enactment of the Freudian death instinct.

Further, it is within this form that Hegel (1977a) posits an opportunity for resolution. And as will be discussed in the following chapter, Hegel proposed a break in the progression of despair as the ascetic is left 'confined to its own self... brooding over itself' (1977a: 136). Hegel's writings on the resolution of despair, may be considered in strong contrast to the writings of Kierkegaard, with Hegel suggesting 'reason' 'speculative thought' and 'philosophical thinking' as vital in

the resolution, contrary to Kierkegaard's 'paradox' and 'sacrifice of reason' (Berthold-Bond, 1998: 42). Hegel's writings with regard to the resolution of despair will be further developed in Chapter 3.

However, despite Hegel's interest in a phenomenology of despair, his thesis, which involves separate forms of despair presented as such, may be considered to close something down, similar to the way in which it is suggested above that psychology and empirical, psychological research lead to a closing down. On the one hand it seems important in discerning the different manifestations of despair which may appear in the psychotherapeutic encounter. In turn, parallels exist between Hegel's forms and the writings within existential and psychoanalytic theory on despair (Erikson, 1968; Cooper, 2003). However the setting up of the forms seems to be inextricably caught up with Hegel's search for universal truth and approach to gaining knowledge of existence through the scientific system. Accordingly:

The true shape in which truth exists can only be the scientific system of such truth. To help bring philosophy closer to the form of Science, to the goal where it can lay aside the title "love of knowing" and be actual knowing - that is what I have set myself to do...To show that now is the time for philosophy to be raised to the status of a Science would therefore be the only true justification of any effort that has this aim, for to do so would demonstrate the necessity of the aim, would indeed at the same time be the accomplishing of it.

(Hegel,

1977a: 3-4)

This suggests an understanding of existence, caught up with empirical observations and knowledge under the auspices of science.

Importantly, Stewart (2007: 451) outlines how Hegel's references to the study of existence, for example, through 'method', 'systems' and 'the objective view', stands contrary to the study of existence through human consciousness for Kierkegaard. Further, it must be noted that according to Butler (1993), Kierkegaard on critiquing Hegel's logic and scientific systems, describes them in the way they omit the individual, and in doing so, leave out fundamental aspects of existence. For Kierkegaard, the concepts of reason and universal truths, as outlined by Hegel are unreachable. In turn, Kierkegaard (1941) presents in the *Concluding Unscientific Postscript*, the idea that the study of existence cannot be scientific or associated with science, as:

Existence itself is a system - for God, but it cannot be a system for any existing spirit. System and conclusiveness correspond to each other, but existence is the very opposite...Existence must be annulled in the eternal before the system concludes itself.

(Kierkegaard,

1941: 122).

Kierkegaard's writings question an objective scientific truth presented by Hegel, whilst also considering this approach to gaining knowledge as unimportant in the

study of existence. It is as Geisler et al. (1980) suggest that Kierkegaard's interest lies in the subjective, with truth as subjectivity:

Truth is always personal and not merely propositional. One never gains truth by mere observation, but by obedience: never by being a spectator, but only by being a participator in life. Truth is found in the concrete, not in the abstract: in the existential, not in the rational.

(Geisler et al.,

1980: 46)

Here truth is considered as subjective and in the existential as opposed to accessible through an objective science of existence. In fact Kierkegaard (1941) suggests that Hegel's logic, despite considered a significant experiment of thought, may be thoughts of as comic when considered as a truth or system. For Stumpf (1966), what makes this comic is the loss of concern with existence within Hegel's scientific system of thought. This takes us back to his suggestion of the omission of the individual, whereby for Kierkegaard, existence is associated with the individual and the individual's acts, choices and decisions, which find little place within Hegel's method. As a result, it must be considered from this point onwards, that there lies a contradiction between Hegel's truth which lies in the absolute and objective, from Kierkegaard's concept which can be found in the relative and subjective (Sahakian, 1974).

As will be discussed in Chapter 4, this contradiction holds important implications for the methodology of this research, as far from the Hegelian approach through

science, it is argued here that research into aspects of existence, such as despair, must reject the objective and scientific, for the individual and subjective.

However despite the above questions, in conclusion the despair of Hegel emerges from the literature in different forms, through the negative which underlies the ontology of humanity. In turn, it is this through which the way of despair emerges.

Having introduced and discussed the Hegelian (1977a) dialectical movement, alongside notions of the unhappy consciousness and despair, the writings of Kierkegaard on despair will now be discussed.

2.3 KIERKEGAARD

Kierkegaard's interest with despair is apparent from *Either/Or* (Kierkegaard, 2004: 619) wherein describing the 'Unhappiest Man', he refers to Hegel's unhappy consciousness as previously outlined. However it is within *The Sickness Unto Death*, that Kierkegaard (1989: 93) presents a 'psychological portrayal' of despair. Kierkegaard's depiction of despair which, as will be outlined throughout this project, holds important implications for psychotherapeutic practice and research, initially emerged as important for this project through the researcher's research exploring how the psychotherapist experienced working with a client in despair (Gee and Loewenthal, 2011). In turn, it holds the most explicit depiction of despair, apposite with the phenomenological position taken up by this project. Further and perhaps of more importance, it is the phenomenological modes for accessing

despair that are further apposite to the phenomenological approach within this project.

As this review will outline, despair emerges in Part A of *The Sickness Unto Death* through the integration of theology and psychology as an exposition of human existence (Kierkegaard, 1989). This stands contrary to Part B through which it emerges as an incompleteness before God and ultimately, as sin. However questions will be raised with regard to whether psychology was considered quite different to what it is taken to suggest today.

This section will therefore explore the thesis that ‘the sickness unto death is despair’ (Theunissen, 2005: 122) as opposed to exploring despair within the theological as in Part B (Heaton, 2009).

2.3.1 Despair as a Sickness of the Self

Initially, it seems important to consider the premise, that man has a self, is a synthesis and is established by God, which underlies Kierkegaard’s approach to despair (Theunissen, 2005). Further, according to Yagi (2009), Kierkegaard frames existence as an *existentiell* problem without distinguishing the *existentiell*, or *Dasein*’s possibility for making decisions, from the *existential*, the conditions for the *existentiell*. This may be considered different to the approach of Heidegger (1962) as explicated in the following section.

Within this section, despair, will be discussed as a sickness of the self, in which the different aspects of the self are in fundamental disrelationship; ‘despair is a sickness

of the spirit, of the self' (Kierkegaard, 1989: 9). In turn, despair will be considered with regard to its factors of synthesis.

However it seems important having introduced the writings of Hegel, to first consider Kierkegaard's thought with regard to truth and knowledge. As Broudy (1961: 225) outlines, for Kierkegaard, learning is more than the understanding of facts as schools of thought such as psychology would lead us to believe. In turn, he summarises that according to Kierkegaard 'human existence is a mode of being in which subjectivity is the truth and [...] such truth cannot be communicated directly'.

Truth as subjectivity thereby rejects the assumption that truth is out there to be apprehended, for a relational state of existence. Kierkegaard's standpoint doesn't simply reject objective knowledge but holds in mind that this is not sufficient in unveiling truth (Loewenthal and Snell, 2003). In turn, this raises questions about how one may locate truth, given that for Kierkegaard (1965: 133), 'the truth is a snare: you cannot have it, without being caught. You cannot have the truth in such a way that you catch it, but only in such a way that it catches you'. Here there is something important about truth catching us, as opposed to it being chased or even assumed as an object to 'catch'. Further this seems to hold important implications for research, particularly with regard to the current cultural movement in research whereby researchers can be seen to attempt to unearth some kind of truth.

Similarly Kierkegaard (1989: 22) rejects the 'common view', such as that employed by empirical methods such as psychology, which aim to locate common aspects of despair that can be measured and observed. According to Kierkegaard, this view

gives nothing more than a poor understanding of despair. Here it is suggested that one cannot catch the phenomenon of despair, but we can potentially learn of it from its catching of us.

The writings of Rezende with regard to phenomenology, seemed to suggest something similar, holding important implications for this research:

Phenomenology is not a philosophy of evidence but of truth in all of its manifestations. As a matter of fact, truth not only manifests but also hides itself, and it's hiding is still one of its forms of manifestations. The unveiling [...] consists of discovering [...] that truth never reveals itself entirely.

(1990: 29)

As suggested above, for Kierkegaard (1989), it is through attendance to experience, that one may gain knowledge of the manifestations of the phenomenon, such as despair. In turn, despair may be present even when this is not outwardly apparent to the other, throwing into question psychological research methods, which can measure despair through observation of its manifestations. Further, this research takes up a place, which is interested in the visible and non-visible manifestations of truth, as well as in the forms of hiding.

In turn, Watkin (1997) suggests that it is through the use of pseudonyms, that Kierkegaard facilitates conditions for self-discovery without prescribing himself as

the knower or object of authority. As a result, she argues that Kierkegaard does not argue for the rightness of his own idea:

It is this feature of Kierkegaard's writing that makes him especially effective in a time when two main tendencies seem to be especially dominant – a pluralism that accepts the validity of all views but stands by the correctness of no particular view of the universe, and a scientific or religious fundamentalism that is rigidly exclusive of views other than its own. Kierkegaard avoids the pitfalls of both trends, and he also does something else; he makes room for truth, both intellectual and existential, through encouraging people to be open-minded.

(Watkin,
1997: 107-108)

For Kierkegaard (1985) within his existential approach, he reasons from existence as opposed to reasoning towards it, thereby proving the existing thing is something as opposed to proving that the existing thing exists. This also raises questions with regard to the fact that for Kierkegaard, knowledge is related to existence, suggesting that knowledge, including within this research, 'has a relationship to the knower, who is essentially an existing individual, and that for this reason all essential knowledge is essentially related to existence' (Kierkegaard, 1985: 75).

Therefore this suggests that it is through subjective exploration, within which we reflect upon the relationship of the individual to the truth, that there lies the

possibility for locating subjective truth. As a result, in outlining the following literature on despair as a sickness of the self, the writings of Kierkegaard's quoted above will be held in mind.

According to Berthold-Bond (1998: 35), both Kierkegaard and Hegel 'define the self as an uneasy and elusive synthesis of opposites' whilst viewing 'existence as a perpetual search for strategies to cope with the pain of this internal division'. However as will be outlined below, this assumption simplifies both the theses of Hegel and Kierkegaard.

Further, one must highlight how Kierkegaard often makes the error of referring to the 'Self' or 'a Self' (Kierkegaard, 1989: 36), where the uncapitalised self would be appropriate. The self or Self therefore depicts whatever I am in my pre-given *Dasein* for Kierkegaard according to Theunissen (2005).

For Kierkegaard (1989: 20) it is out of this the negativity, grounded in the self's synthesis, that emerges 'the anxious dread which is despair'. As a result, despair may be considered as a diagnosis of human existence. The human being is 'a synthesis of the infinite and finite, of the temporal and the eternal, of freedom and necessity' (Kierkegaard, 1989: 9). In turn, the self may be defined not as the relation, but as a relation that relates to itself. However it is also important to note that for Kierkegaard (2004: 850) it is the 'degree of reflection', which ascertains whether the human is a self, for is it the third factor of 'spirit', which must be present for the human to become a self. This is contrary to the negative relation, which lacks contribution by spirit and therefore is not a self. To summarise, for Kierkegaard (1989: 10) the self is an activity, and more specifically, the relation's relating itself to itself.

Further as ‘a sickness of the spirit, of the self’ (Kierkegaard, 1989: 16), within which elements of the self are in disrelationship, despair is defined as ‘the misrelation in a relation of synthesis, in a relation which relates to itself’ (Kierkegaard, 1989: 12). Thereby, the complex imbalance that is despair, is an ‘imbalance in a relation that relates to itself and which is established by something else’ (Kierkegaard, 1989: 11). This seems particularly different to the chemical or psychological imbalance posited within diagnoses associated with despair, within the psychological literature such as within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 2000).

This also raises a potential question as to whether Kierkegaard interprets the way of despair, as Hegel suggests, as underlying human ontology. Berthold-Bond (1998) suggests that Kierkegaard alludes to this, speaking of ‘the negativity that pervades existence’ as having its ground in the subject’s synthesis. However, on further analysis, it seems that despair does not simply lie in the synthesis of the self according to Kierkegaard, as if the misrelation were in these binaries, then despair would be intrinsically human: ‘If the synthesis were itself the imbalance, there would be no despair; it would be something that lay in human nature itself, that is, it would not be despair’ (Kierkegaard, 1989: 12-13).

Therefore we can see that the misrelation is in our relation to that relation; the synthesis is not the imbalance, but simply that the possibility of an imbalance exists in the synthesis. Once it has occurred, despair therefore continues not due to the imbalance but due to the relation which relates to itself; ‘every moment he despairs

he brings it upon himself” (Kierkegaard, 1989: 14).

Therefore, Dooley (2001) suggests, despair as explicated by Kierkegaard relates more to the individual’s possibility of becoming and in turn longing to become than it does to an ontological condition as with Hegel. Therefore, ‘it is important not to interpret despair as a feature of the ontological condition of the human being. It is, rather, a possibility that lies in the synthesis [of self]’ (Dooley, 2001: 88). This is potentially different, to, for example, that of Hegel’s (1977a) and Sartre’s (1958) writings within which despair is seen as an ontological condition.

It is finally important to note that Kierkegaard (1989) speaks of the other, namely God, letting go of the relation it has created, and the resultant despair which emerges from this letting go. Through its simultaneous relation with itself, and a reaching beyond itself to relate to the ‘other,’ the self becomes ‘concrete’ in a synthesis of its finite and infinite qualities (Kierkegaard, 1989: 31). This is particularly relevant to the *Phenomenology of Spirit* (Hegel: 1977a) within which Hegel posits through the notion of recognition, that the self cannot be understood separate from this other through which the self constantly searches for unity. However this also marks a particular point of divergence from the writings of Heidegger and Sartre as will be discussed subsequently.

Despair as a sickness of the self has been discussed, and before the forms of despair are considered, the following will introduce the formula of despair according to Kierkegaard; ‘to despair over oneself, in despair to want to be rid of oneself’ (1989: 19).

2.3.2 The Formula of Despair

Kierkegaard (1989: 18) clarifies that to despair ‘over something’ is not despair but is simply the beginning; a sickness that has not yet declared itself. In fact Kierkegaard observes that despair as a sickness of the self is ultimately never over externals but always over ourselves: ‘What we cannot bear is that in being stripped of an external object we stand denuded and see the intolerable abyss of the self yawn at our feet’ (Kierkegaard, 1989: 169).

This stands contrary to the psychological and psychotherapeutic literature which outlines despair as experienced, as involving some form of confrontation with a harsh reality, that is, ‘an experience of the way the world is in its unwanted, unalterable dimension’ (Goldsmith, 1987: 33). In fact, the existential and psychoanalytic literature considers despair in turn as arising from a confrontation with death (Becker, 1973), destruction, trauma and grief, (Lifton, 1961; Frankl, 1967) and early object loss, libidinal strivings and a deficiency in essential mothering in infants (Green, 1977; Bowlby, 1960). In fact there seems to be no acknowledgement of despair as being over the self, within the literature, with the exception of the existential-phenomenological literature. Yet in the researcher’s experience, the presentation of a despair over a person, situation or event is not often taken for granted within psychotherapeutic practice, with psychotherapists often exploring the dynamics that play out with regard to the despairer and the object of despair.

Kierkegaard (1989: 19) writes of how the person wants to be rid of ‘oneself’ and

rather than continue to relate 'itself to itself', it wills a disrelationship. That is the individual now wills to 'be the self he himself has chanced upon'. As a result, Kierkegaard (1989: 18) states that 'to despair over oneself, in despair to want to be rid of oneself, is the formula for all despair'.

The forms of despair explicated by Kierkegaard will be discussed in-depth in the following section. However it is firstly important to note that Theunissen (2005) concludes that despair in all its forms signifies that we do not want to be what we are as a self, in our being human, and as our pre-given *Dasein*. Further, Theunissen (2005: 5) posits that we want to be what we are not; 'we do not will to be directly what we are'. And with regard to *Dasein* defined here as the human entity which has their being as an issue, Theunissen (2005: 8) explains how 'we do not want to continue the process we are entangled in, insofar as each of us is already installed in this self establishing'. Therefore in rebelling against the limitations set, we wish to be rid of the self, and to reject our *Dasein*.

In turn, according to Kierkegaard (1989), we do not want to be what we are as human beings who are defined by both necessity and finitude as well as possibility and infinitude, and we want to have possibility and infinitude, which is inhuman, or a pure necessity and finitude which cannot be human.

As despair is described in *The Sickness Unto Death*, (Kierkegaard, 1989: 15) death would be the end and potentially the wish of the despairer, however the self cannot die because it is 'the eternal' and experiencing its death means 'to live to experience death'. Therefore despair also reflects the inability to die as despite the

torment experienced, 'the hopelessness is that even the last hope, death, is gone'. Further, far from it being a comfort, the person is caught in an impotent self-consumption in which the goal to consume oneself, is futile (Theunissen, 2005). The despairer's wish to die and rid the self of the self, is a contradictory phenomenon often expressed by clients in the researcher's experience. In turn the despairer's wish to die, developed through the lack of reprieve of the despair, is often pervasive (Linehan, 1993).

Therefore, that we do not want to be what we are occupies the whole space of despair. However it is important to note that Kierkegaard (1989) excludes everything to do with despair that goes beyond the desperation of the self-relation. Therefore whilst discussing the writings on despair, one must acknowledge that Kierkegaard does not start with despair but with this deficiency, limiting it to willing and then to being; that it willing to be and its negation.

Having outlined despair as a sickness of the self, and an overview of the formula of despair, the following section will outline the forms of despair in-depth, considering both despair with regard to the factors of synthesis, as well as despair viewed under the aspect of consciousness.

2.3.3 Factors of Synthesis

In speaking of his method of approaching despair, Kierkegaard explains how 'the forms of despair must be discoverable abstractly by reflecting upon the factors which compose the self as a synthesis' (1989: 30). This can be considered to hold similarities to Hegel's unhappy consciousness, which proceeds through the

disrupted self as abstract modes of its being (Hegel, 1977a). Further, despite acknowledging the stages which depict the self's outward relations, such as religion and the ethical, in *The Sickness Unto Death*, Kierkegaard focuses on one's inner relations (O'Leary, 2005).

As previously mentioned, the mediating relation between the dialectic pairs, 'the infinite and the finite, the temporal and the eternal, of freedom and necessity', forms the self (Kierkegaard, 1989: 9). These descriptions, according to some, may show resemblance to those of Hegel's (1977a) opposing dialectical pairs; the mutable and immutable and changeable and unchangeable aspects of consciousness, previously outlined.

In *The Sickness Unto Death*, despair arises in the misrelation in a relation that relates itself to itself. Therefore it is in the possibility of each synthesis becoming a misrelation, that lies the possibility of despair, which can then be analysed dialectically (O'Leary, 2005). Therefore:

This follows from the dialectic in the fact that the self is a synthesis, and for this reason either factor is always its opposite. No form of despair can be defined (that is, undialectically), but only with reference to its opposite.

(Kierkegaard,

1989: 31)

The finite and infinite, the earthly and eternal and necessity and possibility are polarities of the self and dialectical pairs posited to be working within despair.

Therefore, if any of the aspects of the synthesis become unbalanced, despair can result in different forms (O'Leary, 2005).

Stewart (2007: 580) in presenting Kierkegaard's dialectic, speaks of the despair as defined by finitude/infinity within which, despair occurs dialectically; 'a) infinity's despair is to lack finitude, b) finitude's despair is to lack infinity'.

With regard to the synthesis of the self, the finite acts to confine, with the infinite acting to expand. The despair of infinity is therefore the boundless, whereby the person loses their concrete relation to the world through fantasy, imagination and fantastical ideas (Watkin, 1990). It is within this form of despair that Kierkegaard (1989: 35) posits, 'the self then leads a fantastic existence in abstract infinitisation or in abstract isolation, constantly lacking its self, from which it simply gets further and further away'.

It is said that within this form of despair, the person seeks refuge in the false comfort of abstract ideas, thus losing meaningful connection with the physical and practical circumstances of one's existence. However, on failing to notice that they in fact lack a self (Kierkegaard, 1989: 35), the person may continue to live a 'fairly good life'.

The despair of finitude on the other hand which is to 'lack infinity' (Kierkegaard, 1989: 35), involves one becoming narrow and indifferent, particularly to one's individual existence and purpose. Further, the despair of finitude risks losing itself in the crowd, cheated of itself by the others:

Such a person forgets himself, in a divine sense forgets his own name, dares not believe in himself, finds being himself too risky, finds it much easier and safer to be like the others, to become a copy, a number, along with the crowd.

(Kierkegaard,

1989: 36)

Therefore, despite the fact ‘they have no self’ (Kierkegaard, 1989: 38), this despair goes unnoticed in the world, through flawless performance and remaining silent.

A further dialectical form of despair is defined by possibility/necessity: ‘possibilities despair is to lack necessity’, and ‘necessity’s despair is to lack possibility’ (Kierkegaard, 1989: 38-39). Kierkegaard (1989) posits that as with finitude limiting infinitude, it is necessity, which serves as a limit for possibility. In turn, the self is necessary insofar as it is a self, but possible insofar as it is becoming a self; ‘to the extent that is it itself, it is necessary; and to the extent that it must become itself, it is a possibility’ (Kierkegaard, 1989: 39).

However, the despair of possibility emerges if possibility outruns necessity as ‘here the self becomes an abstract possibility; it exhausts itself floundering about in possibility, yet it never moves from where it is nor gets anywhere, for necessity is just that ‘where’’ (Kierkegaard, 1989: 39). As a result, a form of despair is to get lost in infinite possibility, to refuse to submit to limitations or boundaries, and

therefore flounder in the abyss of possibility. This self never becomes aware of itself as something definite and necessary and as a result, of fantastical reflection, loses himself.

To lack possibility may also to be in despair as in order to speak a sequence of consonants, one needs possibility (Kierkegaard, 1989), meaning that every instant that lacks possibility is one of despair. Finally, the only point of salvation is to realise that for God, everything is possible (Kierkegaard, 1989).

These opposing pairs have implications for the practice of psychotherapy in that these factors may be considered to define the very practice of being human. In turn, existential writers such as Yalom (1980) outline the givens which define our existence, such as time and death as the finite, versus the possibility and freedom that humans are endowed with. Further it is through these factors that Kierkegaard posits the emergence of despair.

Having discussed the factors of synthesis, the following section will examine despair as it is viewed under the aspect of consciousness (Kierkegaard, 1989).

2.3.4 Despair Viewed Under the Aspect of Consciousness

Kierkegaard's thesis seems to suggest that the self's despair is directly associated with its consciousness. For Kierkegaard (1989: 48), all forms of despair will have elements of consciousness however, 'very often, the person in despair probably has a dim idea of his own state'. As a result, it is consciousness that distinguishes one form of despair from another. Within this, Kierkegaard (1989: 9) refers to three

forms of despair: 'Being unconscious in despair of having a self (inauthentic despair), not wanting in despair to be oneself, and wanting in despair to be oneself'.

Within the three forms of despair, Kierkegaard makes a distinction with regard to there being forms of unconscious and conscious despair; 'The Despair which is ignorant of being despair, or the despairing ignorance of having a self and an eternal self' and in contrast, 'The Despair that is conscious of being despair and therefore is conscious of having a self in which there is something eternal and then either in despair does not will to be itself or in despair wills to be itself' (Stewart, 2007: 581). There are then two further forms of conscious despair, both despair of weakness and despair in defiance. A final distinction is made within the despair in weakness, with despair over the earthly and despair over the eternal.

Stewart (2007) suggests this follows a dynamic movement, similarly to Hegel's forms of consciousness, which become more elaborate, so the levels of despair increase. Within Kierkegaard's (1989: 47) phenomenology of despair, 'it is the rising level of consciousness, or the degree to which it rises, that is the continual intensification of despair; the more consciousness, the more intense the despair'. This would therefore suggest that the more conscious a person is of the self and in turn their despair, the more intense the form of despair experienced. In turn, the least despair would be experienced when unconsciousness is at its maximum and the most intense despair brought about in absolute consciousness. Theunissen (2005: 17) therefore posits that Kierkegaard turns despair into a process by taking consciousness for a level of awareness.

Stewart (2007: 581) presents how the Hegelian dialectic is present throughout what are termed the 'stages' of Kierkegaard's despair. Therefore we see the presentation of opposite terms, firstly with the ignorance of despair versus its conscious counterpart, followed by despair which does not will to be itself and despair which wills to be itself, and finally despair over the earthly and then the eternal.

However despite the attempt at a phenomenology of despair within which consciousness is key, as we will see from the below, Kierkegaard's structure within *The Sickness Unto Death* has to fend off a constructivist theory (Stewart, 2007). As within this, Kierkegaard relies primarily on the consistency of thought, with the assumption that, according to Stewart (2007), it is consistency that guarantees accuracy.

Further, even before one begins to outline the forms of unconscious and conscious despair, we see a closing down with regard to these interpreted forms. Therefore, it can be said that Kierkegaard's (1989) conception is both enriching and impoverished as it both involves aspects which are not despair, whilst failing to capture everything about despair.

Further the linear and progressive nature as outlined above is questionable as Theunissen (2005) supposes that although the stages cannot continue simultaneously and are in fact considered as successive stages, Kierkegaard does not attempt a process where the stages are related to the forms set in motion. In turn, Stewart's (2007) attempt at creating a structure or model depicted from Kierkegaard's writings can be seen to engage with locating objective truth, something that for Kierkegaard was not possible.

It seems to the researcher that despair in the client is visible and manifests in a number of ways, subject to the client's unique and individual experience. However, the researcher's experience would argue that although there are a number of different truths in relation to the forms despair takes up, an objective, structural model of despair is not possible. Yet it seems that theorists on presenting Kierkegaard's writings seem to wish to provide the reader the certainty, which Kierkegaard did not provide. This too may be considered to close down the possibility of what lies within Kierkegaard's writings.

The forms of despair as explicated by Kierkegaard will now be discussed in the order in which he originally presents them, but with the above considerations held in mind through the presentation below.

2.3.4.1 Inauthentic despair

Kierkegaard (1989: 48) initially presents despair, 'which is ignorant of being despair, or the despairing ignorance of having a self and an eternal self'; an inauthentic despair, or unconscious despair (Berthold-Bond, 1998). As Theunissen (2005) outlines, it is this despair which seems to lack an equivalent in the writings of Hegel, as well as being challenged by that of Heidegger as outlined in the following section. Kierkegaard (1989: 89) describes this as the 'lowest form of despair'.

By inauthentic despair, Kierkegaard (1989) suggests an unconscious despair, however, this may involve the person not being conscious of self, or not being conscious of the despair. Within unconscious despair, Kierkegaard creates a

threefold division, by differentiating between the despair which is not accompanied by consciousness of it, and a lack of consciousness of what despair is, in comparison to an unconsciousness that one's state is despair (Theunissen, 2005).

However, one may challenge whether there is an unconscious despair in the latter as, as Sack (1930) outlines, we can have an inadequate idea of despair, but we cannot be in despair without somehow knowing of it. As a result, Theunissen presents an important question with regard to the despair which is considered unconscious:

There cannot be despair without self-consciousness in the sense of an accompanying self-presence. A person in despair will always have himself before him. The only conceivable despair is one whose subject is not conscious of himself insofar as he possesses no consciousness of self.

(2005: 15)

Kierkegaard (1989) expresses how the despairer's ignorance of his state as being despair is despair nonetheless and describes the person's ignorance of his state of despair as being under a delusion. Although, this is not to say that Kierkegaard does not engage with the above argument, as Kierkegaard (1989) too expressed uncertainty around the premise of unconscious despair questioning whether the despair that doesn't know itself as despair, can truly be classed as despair.

Interestingly, a link is made between ignorance and despair and ignorance and dread. Kierkegaard (1989) posits that dread in a spiritless person is perceivable in the spiritless sense of security, where beneath it lies dread, or despair, which emerges when the sense of reality and certainty breaks down. In this, Kierkegaard (1989: 50) suggests that, ‘compared with the person who is conscious of his despair, the despairer who does not know he is in despair is simply one negativity further away from the truth and deliverance’. This suggests the person ignorant of their despair is furthest from truth, from that which will deliver him, and from becoming aware of the despair; ‘which means he is safely in the hands of despair’ (Kierkegaard, 1989: 51). As persons in inauthentic despair, we do not even begin establishing ourselves in a relation with our pre-given *Dasein*, and contrary to other forms of despair whereby there is a will, within this form of despair, one does not even reach a level of willing (Theunissen, 2005).

Alongside being described as the most common form of despair, a very weak state of despair may be imagined within this form of despair, with despair ‘at its minimum’ (Kierkegaard, 1989: 47-48). However, despite this despair being of less intensity, it can be the most dangerous form in that the ignorant despairer is the furthest from resolving the despair.

Further it seems important to acknowledge that despite the clear distinctions made in *The Sickness Unto Death* between the unconscious and conscious despair, Kierkegaard (1989: 15) contradicts his own position by stating that ‘actual life is too complex to turn up contrasts as abstract as that between a despair that is

completely ignorant of being despair and one that is completely consciousness of being so’.

With this in mind, conscious despair will now be outlined.

2.3.4.2 Despair that is conscious of being despair

On considering conscious despair, we must firstly be aware that a distinction cannot be easily made in practice in distinguishing forms of despair. Secondly, Kierkegaard (1989: 55) makes a further recommendation which suggests that one must distinguish whether the person has a true conception of despair: as ‘conscious despair requires, on the one hand, the true conception of what despair is. On the other hand, it requires clarity about oneself.’ Therefore it can be said that Kierkegaard (1989) resigns this argument about clarity of oneself and despair to the variation in the level of consciousness of what despair is, along with the variance with regard to the level of one’s consciousness of one’s own state as being one of despair.

Kierkegaard (1989) speaks of the person who represents most cases where the person has a dim awareness of their despair but is unable to fully engage with what the sickness really is. In this case, the person generally has the perception that the despair was brought about by something external and must be treated so. However the person with a truer conception of despair and consciousness that the state is despair, whilst remaining in despair, experiences an intensified despair, yet begins to understand something of the despair as being about the self.

This seems paramount to the practice of psychotherapy and the ways in which one might research despair, as it acknowledges the different forms of despair which may be conscious or unconscious. Therefore whether or not the despair is conscious, will effect how the topic is explored. For example, a conscious despair in research may be explored through a different approach to that which lacks awareness.

Having introduced something of conscious despair, the two forms of this despair will now be considered.

2.3.4.3 Despair in weakness

Despair in weakness has two forms, the first described as ‘despair in weakness’, which is ‘to despair over the earthly’ (Kierkegaard, 1989: 72). Kierkegaard (1989: 80) states how, ‘this despair is of pure immediacy or immediacy with some quantitative reflection where there is no infinite consciousness of the self, of what despair is, or of the state’s being of despair’. This form may be similar to the musical soul as outlined by Hegel, where the despair longs to be other and gives in to the external. Theunissen (2005) outlines that what the self wills to be here is a constructed or hypothetical self, partially stripped of his determinateness.

As the self lacks reflection, it is when this immediate self ‘runs up against something’ which brings it to experience despair (Kierkegaard, 1989: 60). Therefore, that which brings it to despair is something external, and with this experience, he feels ‘such a jolt, that it is unable to reproduce itself: he despairs’ (Kierkegaard, 1989: 60). In not experiencing loss of the eternal but instead loss of

the earthly, it is understood that the person does not understand it in the way it is despair.

For Hegel, this form of despair involves a loss of self, however although it is within this despair that he ‘considers himself dead, as a shadow of himself’ (Kierkegaard, 1989: 61), Kierkegaard explains that this pure immediacy lacks self and consciousness of self. This would suggest that Kierkegaard’s despair over the earthly in pure immediacy is involved with a lack of self as opposed to a loss of self, as that which Hegel suggests.

Further Kierkegaard (1989: 61) explains that, despite the person considering himself as ‘dead’, if the external circumstances were to change, the person would ‘begin life afresh’ and would continue to live in the immediate. However, if changes to the external circumstances do not come about, then the person, despite also coming to life claims, ‘I’ll never be myself again’, though in gaining understanding of life, proceeds to live according to others around them.

When immediacy is assumed to contain some reflection, with a greater consciousness of the self and/or of one’s state of despair, this reflection alters the despair (Kierkegaard, 1989). Here Kierkegaard states the self has become aware, at least to a certain extent, of the differentiation between self and world. This despair remains of weakness but importantly, can be brought about by the very ‘reflection it contains in itself’ (Kierkegaard, 1989: 64). This modifies this form of despair so that despite it showing passivity, it does not fully succumb to the external, but maintains a sense of activity.

According to Kierkegaard (1989), contrary to the despair of pure immediacy, this despairer makes an effort to protect himself and is therefore not so affected. However the despairer, lacking the reflection and not being able to make a complete break with immediacy, despairs. This despair is of not wanting to be himself, although contrary to the despair of pure immediacy, the despairer does not contemplate wanting to be someone else, thereby maintaining relationship to the self. It is within this despair that when change occurs the person is simply himself once more; whereas if no change occurs, the despairer may turn from his inward direction 'in order to truly become a self' (Kierkegaard, 1989: 66).

The second form of authentic despair, considered by some parallel to that which Hegel refers to as desire and work (Berthold-Bond, 1998: Stewart, 2007), Kierkegaard (1989: 72) describes as 'despair of the eternal or over oneself'. This despair, which may be alternatively termed as over the earthly, has weaknesses' own consciousness as the final point, 'in this case consciousness does not stop there, but heightens itself into a new consciousness, namely consciousness of its weakness' (Kierkegaard, 1989: 74). Further the despairer, on learning of his weakness which is despair, despairs over his weakness:

He is now more clearly conscious of his despair, of the fact that he despairs of the eternal; he despairs over himself, that he could have been so weak as to attach such great significance to the earthly, and this now becomes his despairing expression for having lost the eternal and himself.

(Kierkegaard,
1989: 74)

This suggests progression, as to despair over the eternal, one must have both a comprehension of self, and of the eternal. Kierkegaard (1989) posits that this despair is more intense and a step closer to salvation, yet rarer in its occurrence. It is here, that despair of the eternal addresses the dilemma of solitude or the introversion into the self. Within this, 'he not infrequently feels the need of solitude...the urge for solicitude is a sign that there is after all, spirit in a person and the measure of what spirit there is' (Kierkegaard, 1989: 77).

Kierkegaard (1989: 80) further suggests that if the introversion is maintained, '*omnibus numeris absoluta*', then suicide will be the danger. For, one who is in despair and lacking necessity and finitude such that he experiences a lack of possibility and infinitude, cannot live through the despair. Kierkegaard further describes how 'it becomes evident how dialectically correct it is to say that the initial expression of defiance is precisely despair over one's weakness' (1989: 80).

The despair of defiance will now be considered.

2.3.4.4 Despair of defiance

This section will now consider what is termed the most intense presentation of despair; 'the despair of wanting in despair to be oneself' (Kierkegaard, 1989: 81). We see similarity between this despair of defiance and the despair of the Hegelian ascetic unhappy consciousness (Hegel, 1977a), considered the most complex and

difficult dialectical forms of despair by both Hegel and Kierkegaard. From the despair of the eternal, this despair dialectically takes a step further as, 'the person who despairs in this way comes to the consciousness of why he does not want to be himself. Then the whole thing turns around, defiance is there, just because now he wants in despair to be himself' (Kierkegaard, 1989: 81). Therefore in contrast to previous forms of despair in which the self wills not to be itself, here the self defiantly wants in despair to be himself.

Kierkegaard states that the despair of defiance involves an increased level of consciousness of self, and despair, as it wills to be this abstract possibility of the self, disconnecting it from any relation which created it, and in doing so, rejecting God. In fact the extreme despair of defiance wishes to revolt against God, 'severing the self from any relation to the power which has established it, or severing it from the conception that there is such a power' (Kierkegaard, 1989: 82). As Hegel (1977a) outlines for the ascetic unhappy consciousness, despair in defiance in enacting the ideal of self-creation, self-destructs, turning against the self.

Further, Kierkegaard posits a connection between the consciousness and the intensity of despair, which with increased consciousness, becomes 'demonic' (Kierkegaard, 1989: 87). It is this demonic despair where Kierkegaard posits that the person no longer wants to be free of despair and deems it too late for salvation:

Since he would gladly have given everything to be rid of this agony,
but he was kept waiting and now that's past; he prefers to rage

against everything and be the one whom the whole world, all existence, has wronged.

(1989: 88)

However, it is out of this most potentiated form of despair that both Hegel (1977a) and Kierkegaard (1989) suggest some form of resolution, as it is of the despair of the eternal, where the despairer is closest to the truth. However in that it is close to this truth, this truth keeps it far away, leaving the self longing in defiance not to lose itself to find itself, but to be itself (Kierkegaard, 1989: 82)

It is at this point that it seems important to introduce Theunissen's (2005: 112) suggestion that Kierkegaard's dialectic interpretation 'discloses and closes off at the same time'. Kierkegaard (1967: 6136), confused as to his judgment on his work initially claimed it was in fact 'too dialectical'. However within the same work, he claims that 'the dialectical algebra works better', with the dialectical algebra necessary in presenting the dialectical relations between the different forms of despair.

It is therefore important to consider how Kierkegaard's forms are translated and perceived within the literature as there is often discrepancy with regard to whether they present a Hegelian dialectical movement, as outlined in the previous section. In fact it was suggested that *The Sickness Unto Death*, 'contains an extremely valuable psychological analysis of despair, which must however first be extricated from Kierkegaard's Hegelian dialectic' (Walther, 1928: 208).

If as, for example Hegelian dialectics are often understood as three steps, namely of thesis, antithesis and synthesis, Kierkegaard's methods can only be considered as the initial two stages (Theunissen, 2005). This led some such as Ricoeur (1981: 320) to perceive *The Sickness Unto Death* as 'a sort of grimacing simulacrum of Hegelian discourse.' This is however challenged by the triadic reading of his writings (Dunning, 1985). In turn, Theunissen (2005: 106) posits that Kierkegaard receives Hegel's dialectic in a 'multilayered' fashion.

However despite this unanswered discrepancy, we see particularly important aspects emerging from Kierkegaard's thesis on despair as emerging through the study of consciousness, with despair existing in conscious and unconscious forms, dependent on the individual's degree of reflection. In turn, we see despair as emerging over the self as opposed to over the external.

Having presented Kierkegaardian (1989) writings on despair as a sickness unto death, the following sections will present what Theunissen (2005) terms the transformation of the Kierkegaardian approach in Heidegger's *Being and Time* and Sartre's *Being and Nothingness*. This transformation may be considered particularly important given that unlike Kierkegaard, Heidegger and Sartre do not approach writing about despair in the explicit ways in which they present anxiety.

First, the writings of Heidegger will be presented, enabling a discussion on points of convergence and divergence with that of despair as a sickness unto death.

2.4 HEIDEGGER

The following section aims to present a potential comparison and critique of Kierkegaard's conception of despair, with the writings of Heidegger. As Theunissen (2005) states, the writings of Heidegger, may be considered to present an important development on Kierkegaard's writings on despair, hence why a consideration of this comparison is considered important within this project. And although Heidegger outlines anxiety more explicitly than despair, it can be considered his lack of formal explication of despair, which evidences his 'tendency to restrict the competence of the dialectician of existence to the existentiell-ontical realm' (Theunissen, 2005: 26).

2.4.1 Existentiell, Existential and *Dasein*

In allowing a discussion around despair, particularly from the perspective of Heidegger, it seems important to first discern the *existential* from the *existentiell*. According to Yagi (2009) the *existential*, involves the being of *Dasein*, which is contrary to the *existentiell*, which pertains to individual *Dasein*. This could suggest that whereas the *existential* understanding is ontological, the *existentiell* or ontic is understood through our being in the world (Richardson, 1974).

For Yagi (2009), Heidegger's interest lies in the *existentiale*, however this is not to ignore Heidegger's notion that potentialities in the *existential* are realised in the *existentiell* realm. This introduces a departure of Heidegger from the writings of Kierkegaard in that, 'Soren Kierkegaard explicitly seized upon the problem of existence as an *existentiell* problem, and thought it through in a penetrating fashion'

(Heidegger, 1962: 494).

Heidegger suggests that the issue with Kierkegaard, as Hegel, is that they discount that which is beyond the *existentiell*, therefore failing to identify a Being to which the problem of existence pertains (Pöggeler, 1987). This is further understood through Kierkegaard's suggestion that spirit is understood as a characteristic by which the self relates to itself and not as that which makes such a relation possible (Yagi, 2009). Yagi (2009) suggests that Kierkegaard's understanding is evaluative and ethical, concerning the particular self and its choice and action. This he understands is contrary to Heidegger's more genuine understanding, acknowledging how *Dasein* exists alongside other *Dasein* through its Being-with.

However it is particularly important to note that Theunissen (2005: 4) challenges Heideggerian thought with regard to Kierkegaard's consideration of human *Dasein*, stating that, 'Kierkegaard considers human *Dasein* both in an *existentiell* and *existential* way; his view is existential in the preliminary projection of those dimensions of being, and *existentiell* in our analysis of our relation to them.' He also posits that in that Kierkegaard often makes the error of referring to the Self incorrectly, this confusion contributes to the blurring of boundaries between the scope of the existential-ontological from the *existentiell*-ontical approach. In turn, Theunissen (2005: 26) suggests that contrary to Heidegger's view, one may consider the way in which *Being and Time* reinterprets despair, by first recognising the ways in which Heidegger attempts to absorb 'even Kierkegaard's existential-ontological project'.

If we first consider the existential-ontological level, Heidegger's link with that of Kierkegaard, is the self. Heidegger (1962), with his interest in the ontological analysis of Being, attempts to enquire into the meaning of Being; an enquiry the onto-theological tradition had failed to recognise (Yagi, 2009). Heidegger (1962) posits that Being, yet remaining to a degree self-evident and understood pre-conceptually, is often taken for granted and not understood ontologically. Heidegger writes of the relation of oneself to oneself in terms of existentiality, according to which *Dasein* is Being that is aware of, and interested in, its own Being:

Thus to work out the question of Being adequately, we must make an entity—the inquirer—transparent in his own Being. The very asking of this question is an entity's mode of Being; and as such it gets its essential character from what is inquired about—namely, Being.

(1962: 27)

Therefore for this entity, or *Dasein*, Being is a question and an issue. The self-referentiality of the self, which for Heidegger is guided by existence is, for Kierkegaard (1989), designated as spirit. As Pöggeler (1987: 35) comments, 'to have a relationship to Being means (according to Kierkegaard) to have existence, to be determined by existence. Heidegger calls the Being or 'essence' of *Dasein* 'existence''. Therefore, *Dasein* understands itself in terms of existence, and Being is already understood by *Dasein*.

A further comparison can be seen in that Kierkegaard speaks of the power, or God which establishes the self; something which Heidegger challenges. The different positions of Kierkegaard and Heidegger raise a question about a power establishing the self. A further question might be raised as to whether the concept of handing the self over to the creator, may be nothing more than an activity which attempts to manage anxiety and despair over the self.

Heidegger outlines *Dasein* as thrown into existence (Yagi, 2009) meaning that ‘it exists as an entity which has to be as it is and as it can be’ (Heidegger, 1962: 231). This supports Heidegger’s (1962) suggestion that man’s substance is existence and not spirit, as we are who we project to be.

Further, Theunissen (2005) explains how by translating the relating itself-to-itself into *Umgang* or ‘going around’ (Heidegger, 1962: 95), Heidegger discloses a willing-to-be which is more primordial than Kierkegaard’s willing to be oneself/not willing to be oneself. And it is in *Being and Time* (Heidegger, 1962) that this emerges as, ‘even when we do not want to be ourselves, we still want to-in the sense that we are concerned with our being’ (Theunissen, 2005: 27). Therefore through Heidegger’s (1962) attempt to eliminate the what-content of Kierkegaard and to commit to Being, he avoids saying directly that we are concerned with ourselves and we have to be ourselves. Further, the motive in this is potentially to distinguish the existentially fundamental willing to be from the *existentiell*.

An inauthentic *Dasein* will now be outlined.

2.4.2 Inauthentic *Dasein*

On an *existentiell* level, Heidegger (1962) starts out from the not willing to be oneself, in the form of inauthentic *Dasein*. It is here that Theunissen (2005) posits that despite Heidegger's lack of acknowledgement of despair in *Being and Time*, it is Kierkegaard's writings on despair which influence Heidegger's writing on inauthenticity. This is presented through Heidegger's (1962: 167) analysis of how the inauthentic *Dasein* is formed, through falling prey to the world and 'the they'. Heidegger in distinguishing between *Man-selbst* (they self) and *Eigentlichen selbst*, states:

The self of everyday *Dasein* is the 'they-self', which we distinguish from the authentic Self – that is, from the Self which has been taken hold of in its own way. As they-self, the particular *Dasein* has been dispersed into the 'they' and must first find itself.

(1962: 167)

The word *Eigentlich*, translated as authentic and derived from the word *eigen* which means 'own' (Cohn, 2002) may be defined as the self which has taken hold or grasped itself (Heidegger, 1962).

As Cohn (2002) outlines, despite *Dasein*'s capacity for being open to its own Being, there exists a tendency to cut itself off from aspects of human existence that are a threat, dispersing itself into the they. Therefore, in the they or *Das Man*,

Dasein falls into inauthenticity, forfeiting its responsibility for thought and existing for and with the they (Heidegger, 1962).

Theunissen (2005) attempts to demonstrate Kierkegaard's influence on Heidegger through the despair of necessity and finitude, whereby as stated previously, Kierkegaard posits the self becomes just one in the crowd. Another Kierkegaardian aspect using the word falling which has the meaning of falling into the power of something from which we cannot escape, Heidegger (1962) involves as an aspect of inauthentic *Dasein*. He outlines how, 'Fallenness into the world means an absorption in Being-with-one-another, in so far as the latter is guided by idle talk, curiosity and ambiguity' (Heidegger, 1962: 220). Similarly Kierkegaard suggests (1989), the man who becomes a number instead of a self, simply becomes one in the same; a repetition.

Further, Theunissen (2005) suggests that the theme of falling refers back to the fact that we first do not want to be what we are as it arises from *Dasein*'s fleeing from itself, in the face of itself. Therefore, 'that we do not want to be what we are and want to be what we are not Heidegger understands as stipulated for him by the context of that despair of necessity and finitude' (Theunissen, 2005: 27-28).

Further this fleeing from itself may be understood as Kierkegaard's explication that we primarily do not want to be what we are in our being human and therefore secondarily want to be what we are not. However in Heidegger's view of inauthenticity, willing to be oneself becomes the only possibility, leaving no equivalent within *Being and Time* that reflects Kierkegaard's willing to be a self.

Although Heidegger may be said to have constructed inauthenticity according to the model of 'Kierkegaard's synthetic-theoretical perspective', we see that despair is not apparent as an ontologically relevant phenomenon of *Dasein* (Theunissen, 2005: 28). However, according to Theunissen (2005) the so-called universality of despair, established from despair not conscious of itself (Kierkegaard, 1989), is represented in *Being and Time* as being averageness, an existential characteristic of the they and described as the 'everyday and undifferentiated character of *Dasein*' (Heidegger, 1962: 69). This world of averageness of common sense and praxis is one which Heidegger associates with mindless conformity (Hyde, 2005). It is, 'in this averageness with which [publicness] prescribes what can and may be ventured...Every kind of priority gets noiselessly suppressed. Overnight, everything that is primordial gets glossed over as something that has long been well known' (Heidegger, 1962: 165).

Further, as mentioned previously, that we do not directly want to be what we are is captured by Heidegger in that, '*Dasein* falls prey to the openly interpreted world first and mostly' (Theunissen, 2005: 28). By this we can see that *Dasein* is already fallen, and can remain so.

2.4.3 Being and Time vs. The Sickness Unto Death

As outlined, according to Theunissen (2005) *The Sickness Unto Death* contains references about despair from which Heidegger draws. However it also provides a criterion for judgment about the writings of Heidegger (Theunissen, 2005). Heidegger (1962) takes his starting point from not willing to be oneself, following

the development of despair through this. For example he describes the authentic *Dasein*, the alternative of inauthenticity, from the perspective of not willing to be oneself.

Nichols (2000) suggests it is through its deseverance from the inauthentic they self, which is *Das Man*, that there exists the opportunity for *Dasein* to be an authentic self. Authenticity is therefore the moment when *Dasein* confronts Being as it is ready for anxiety (Heidegger, 1962), as it is anxiety that *Dasein* attempts to avoid in its dispersal into the they. Whereas the everyday self flees in the face of itself, *Dasein* comes face to face with itself and becomes the authentic self. Therefore ‘the constancy of the Self, in the double sense of steadiness and steadfastness, is the authentic counter-possibility to the non-Self-constancy, which is characteristic of irresolute falling’ (Heidegger, 1962: 369).

As such, authentic *Dasein* consists of results emerging through the fleeing of *Dasein* (Theunissen, 2005). Therefore, it can be said that Heidegger engages with Kierkegaard’s method in tracing the willing to be oneself that can never solidify into being oneself from being in despair, however presenting it as not being in despair. However, Heidegger separates from Kierkegaard, ‘by projecting authentic *Dasein* as being factically nonetheless independent of inauthentic *Dasein*’ (Theunissen, 2005: 29). This leads Munday (2009) to conclude that authentic being is its own measure and therefore it does not have to justify its existence in relation to anything else.

The attempt to discern authentic *Dasein* from fleeing is linked with the wish not to

handover to *Dasein* an idea of existence with a special content (Heidegger, 1962). However, in elaborating on authentically being oneself, Heidegger (1962: 358), does just this speaking of authentic existence as ‘a factual ideal of existence’. The alternative of fleeing from oneself, can only be *Dasein* accepting itself in Kierkegaard’s sense, and yet in *Being and Time*, it is replaced by the *Dasein* which no longer shows signs of the humiliation of accepting oneself (Theunissen, 2005). In turn it is linked with self-constancy and stability as ‘the sense of its having achieved some sort of position’ (Heidegger, 1962: 369).

In briefly outlining particular points of convergence and divergence between the writings of Kierkegaard on despair and Heidegger’s approach, in particular to inauthentic *Dasein*, we begin to see the beginnings of this development of Kierkegaardian despair (Theunissen, 2005). Having considered the writings of Heidegger, a further comparison will now take place between Kierkegaardian despair and that of Sartre.

2.5 SARTRE

It is on viewing the writings of Sartre that it may be argued we see a more consistent attempt to explore the negativism, which underlies ontology. In turn, we may assess that a consideration of despair takes place within *Being and Nothingness* (Sartre, 1958), which may be viewed as a further development of that of Kierkegaard’s theory of despair.

As will be further discussed, Theunissen (2005) posits that Sartre reads *The Sickness Unto Death* through a progression of Heidegger's understanding of Kierkegaard. Firstly, it may be said that Sartre defines the willing as outlined by Heidegger in *Being and Time*, and secondly, Sartre can be seen to acknowledge the ontological relevance of the writings of Kierkegaard. Theunissen (2005: 30) further suggests that Sartre discusses these figures in such depth that even when putting them into an *existentiell* context, 'the distinction between *existentiell* and *existential* loses its power'. Finally, Sartre restores despair to a similar yet different structure to that of Kierkegaardian despair.

The above will be considered in more depth below.

2.5.1 Being and Nothingness

As Theunissen (2005) outlines, Sartre's thesis outlined in *Being and Nothingness* that consciousness is not what it is and is what it is not, may be considered a prequel to *The Sickness Unto Death*. Sartre (1958) divides reality into what he terms being-in-itself which refers to non-conscious aspects of reality and being-for-itself which refers to human self-consciousness. As Gutting (2001: 136) states, 'because consciousness is always self-aware, it has being-for-itself: its very existence involves an internal relation to itself'.

For Sartre (1958: 21), being-for-itself may be defined as 'being what it is not and not being what it is' as we hold an awareness of being more than our awareness of ourselves. In turn, the 'for-itself, in fact, is nothing but the pure nihilation of the In-itself, it is like a hole of being at the heart of Being' (Sartre, 1958: 637).

Therefore, man is what he is not, which introduces the concept of nothingness, as Being-for-itself makes judgments of other beings, through what it is not. Being-for-itself therefore negates itself, and becomes its own Nothingness. This is not to suggest, as Hegel does, that being and nothingness are the antithesis of each other, but only a contradiction.

Having outlined initial concepts, freedom, responsibility and their relation to despair will now be outlined.

For Sartre (1958), the human, far from being pre-determined by an eternal Other, is ultimately responsible for himself. It is therefore through this that Sartre rejects the notion of a God, in that one is assumed, free and responsible for one's own being.

The for-itself has the ability to define itself at any moment and it is this freedom which allows the for-itself to redefine itself in each and every moment, leaving man 'condemned to be free' (Sartre, 1958: 652). Man, therefore in acting in the world, actualises his own being (Harle, 1999), in that he is, 'the very being of the For-itself which is "condemned to be free" and must forever choose itself- i.e. make itself' (Sartre, 1958: 652). Kaufmann (1975: 353) qualifies Sartrean freedom as 'being left alone without excuse', fully responsible for his own actions, yet thrown into the world. Finally, since this being-for-itself lacks a predetermined essence, it is forced to create itself from nothingness.

It is within this view that the human experiences, namely anguish and despair, emerge through the struggle with ultimate freedom and responsibility, as the

realisation that one was in control of one's own destiny leads one to experience a feeling of abandonment (Sartre, 1958). Sartre therefore sees despair as occurring, together with anguish, as the consequences of our ultimate human experience of freedom and responsibility, in a world which may be described, if not passively as hostile to the human's actions and intentions. Consequently, Sartre (1970: 39) defines the meaning of the expression of despair as, 'that we shall confine ourselves to reckoning only with what depends upon our will, or on the ensemble of probabilities which make our action possible'.

Further, since God does not exist, man's existence ultimately lacks hope in anything beyond the finite existence of the individual (Sartre, 1970). And further, this suggests that belief in God can be considered purely as a futile escape from one's futile existence, as nothing can save the person from themselves. Despair is thus the realisation that the world may be resistant to our will in various ways, resulting in our projects failing to be realised.

The notion of bad faith will now be outlined in relation to despair.

2.5.2 Bad Faith

Despite man's experience of despair and anguish, Sartre posits that man must embrace freedom and responsibility. However, too, he suggests that 'man perpetually tries to refuse to recognise its freedom' (Sartre, 1958: 462), choosing to live in inauthenticity or in 'bad faith' through the denial of freedom (Sartre, 1958: 71). This is in comparison to the person who on choosing to renounce bad faith, recognises one's freedom and responsibility, living in good faith. And in

recognising that he is a being, which is not what it is and is what it is not, the person accepts freedom, responsibility and consequent experiences of anguish, forlornness, and despair.

Solomon (1988) speaks of bad-faith not simply as a falling back into everyday life but as a deception about and to oneself. Theunissen (2005: 30) outlines bad faith as despair's successor, one that is 'existentially primordial' in that it discloses the dialectical structure of a consciousness.

In bad faith, one also acts as if one is a finite, determined object which lacks responsibility, possibility and authenticity (Sartre, 1958). Therefore it may be considered that, 'the refusal of freedom can be conceived only as an attempt to apprehend oneself as being-in-itself' (Sartre, 1958: 462). Further, Theunissen explains how one is untruthful in the sense of bad faith, in that:

While acknowledging not to be what one is, one does not will to be it in the mode of the 'in-itself'; or that while realising to be what one is not, one yet also wills this being as a being-in-itself.

(2005: 30)

Bad faith is therefore a self-guising based on a distorted idea of one's own being, of the being-for-itself, which according to Theunissen (2005) can be seen to follow Kierkegaard's despair because of the role of willing in this.

In that consciousness is described as 'a being, the nature of which is to be conscious of the nothingness of its being' (Sartre, 1958: 70), it emerges as a 'Not' (Sartre,

1958: 71). Bad faith, where negation is directed towards the self, can therefore be considered as disguising a displeasing truth or projecting a pleasing untruth, where it is 'from myself that I am hiding the truth' (Sartre, 1958: 72). And in doing this, it wills a self-destruction.

Further, whereas, good faith may avoid the self's disintegration, bad faith sets out 'to escape from the in-itself which I am not in the mode of being what one is not' (Sartre, 1958: 93). However in denying its bad faith, it too denies this inner disintegration. It is here that Heidegger's view can be seen to hold similarities with Sartre in that both calculate fleeing from freedom into a structure of inauthentic being.

With this, Sartre is explicating the negative positions man can take up with respect to themselves, as the human being is 'one who can take negative attitudes with respect to himself' (Sartre, 1958: 70). And it is the determinate negativity of such positions, which resides in a negative willing through that of self-denial. Therefore, as for Kierkegaard (1989), despair realises the relation to oneself as a misrelation and within Sartre's (1958) writings on bad faith, it is the will to deny one's own being.

Being and Nothingness will now be outlined in relation to *The Sickness Unto Death*.

2.5.3 Being and Nothingness vs. The Sickness Unto Death

Theunissen (2005) outlines how despite despair corresponding structurally to that in *The Sickness Unto Death*, Sartre's interpretation of Kierkegaard constitutes a

reversal of his presentation. Kierkegaard begins that we do not will to be what we are, or even to be what we are not and at the end, posits we wish to be what we are. However, Sartre begins with the internal negation, through which consciousness is first of all constituted, which according to Theunissen (2005) is where Kierkegaard arrives at, at the end.

As previously mentioned, Sartre (1958) describes how one becomes 'I' by stating I am not what I am not; and thus, 'I do not want to be what I am not' (Theunissen, 2005: 32). Theunissen suggests that:

This holds up on the basis of a philosophy that does not weaken Kierkegaard's idea of a stable self-being, as fundamental ontology does, but rather strengthens it, as the only possible form in which I can be myself already at the beginning.

(2005: 32)

However, it is in Sartre's (1958: 587) view that we want to be more than a for-itself, as we want to be it in such a way as if it were in-itself, as not simply a negation but a being itself. Therefore, 'the best way to conceive of the fundamental project of human reality is to say that man is the being whose project is to be God'.

Baugh (1993) therefore suggests that man attempts to become God; the impossible. Therefore, to the extent that human reality tries to be itself, it finds it is not itself. In many ways, this disease from which the for-itself suffers is a new form of the sickness unto death. Thus, 'in the end we want to be what we are not, such that we do not want to be what we are: a for-itself incapable of justifying itself' (Theunissen, 2005: 32).

As with Kierkegaard's despairing willing, this willing wants for the impossible, in the consciousness of its impossibility and therefore, according to Kierkegaard, this would constitute despair. However, contrary to Kierkegaard, Sartre (1958) dismisses the desire to become God of sin through defiance and therefore rejects the despair associated. The non-existence of God and the fact that in the end we want the impossible is according to Sartre (1958: 611) a 'tragedy'. Human reality is therefore:

Perpetually haunted by a totality which it is without being able to be it, precisely because it cannot attain the in-itself without losing itself as for-itself. It is thus by nature an unhappy consciousness, with no possible transcendence of its unhappy state.

(Sartre,
1958: 114)

According to Sartre, man is therefore doomed to failure and condemned to despair with despair as the diagnosis of man, in that we do not want to be what we are.

Therefore we may observe that despite structural similarities, there exist fundamental differences between despair as outlined by Kierkegaard and Sartre. It is, according to Sartre, this despair, which emerges from our inescapable responsibility, freedom and the ensuing bad faith that depicts a different notion of despair from that of Kierkegaard. However, it seems important not to reject one premise on despair for another, but to consider all theories as possibilities, that may hold the possibility of co-existing alongside each other.

The forensic literature will now be presented followed by a final drawing together of the literature where conclusions will be presented.

2.6 FORENSIC LITERATURE

We see throughout the forensic literature that despair takes on a very different shape from the despair explored within the existential-phenomenological literature. In turn, this section will follow a deconstruction of the forensic literature through the existential-phenomenological writings on despair.

The prison literature acknowledges the relative neglect of states of despair within the field, for example, within diagnostic manuals, which describe diagnoses and conditions rather than states and emphasises differences that are hard to pin down, where the problem is despair and the need to ameliorate it (Toch, 1992). However implicit in this language is despair as a state, which holds the possibility of entry into diagnostic treatment manuals. This can therefore be seen to engage a different discourse to the phenomenological starting point taken up by this research.

Even from this initial acknowledgement, the forensic literature's investment in the psychological, systematic and empirical becomes clear. Within the forensic psychological literature, despair is considered a pathology as shown by the ease with which suicidal ideation earns psychiatric attention (Toch, 1992; Adshead, 2010), which follows predictable patterns (Toch and Adams, 1989), has noticeable

antecedents such as the loss of prisoner freedom (Power et al., 1997) and is dependent on individual prisoner resources (Zamble and Porporino, 1988).

Further, the prison literature provides a definition of despair in psychological language, in particular, referring to psychological stress based models (Cox, 1978; Power et al., 1997), adjustment literature (Towl, 1999; Towl, 2000) and the experience of prison (Palmer and Connelly, 2005; Digard, 2010). According to Towl and Crighton (2002: 72), within prison, depression is the most frequently diagnosed 'mental disorder' closely associated with suicide, suicidal thoughts and despair, of which worthlessness and hopelessness are associated cognitions (Shuker and Jones, 2007).

Further, on adhering to a scientific epistemology, the forensic school of thought views despair as something on which one can gather data on despair, largely through observation, and consequently know something of this state. However as stated, according to Kierkegaard (1989: 22), a despair based on its outward aspect, which focuses on how it 'appears' is of little significance to our understanding of despair: 'The common view of despair however, goes no further than the appearances and it is therefore a superficial view, that is, no view'.

Within this common view, man is assumed to know his own state and the man who claims to be in despair is assumed to be so. However we see from the very methods used within the existential-phenomenological tradition, that despair can not be viewed as something out there to be easily understood or assumed, but must instead be considered as that which presents itself and can be understood only by attending

to human consciousness. For as outlined by Hegel (1977a), the phenomenologist does not impose abstract formalisms, on, for example, the reader, but attends to how the despair unfolds and presents itself, and how consciousness works through its own experience. This understanding that despair cannot be grasped at, measured or assumed, holds implication for the methodology for this study in researching despair, suggesting that the unfolding of experience is what research on despair should concern itself with.

What further sets the existential-phenomenological notion of despair apart from the forensic notion is that despair is seen to emerge from the existential-phenomenological literature as a state one is in even when one isn't overtly in despair. Therefore, 'the common view...altogether overlooks that the very fact of not being in despair, of not being conscious of being in despair, is itself a form of despair' (Kierkegaard, 1989: 22).

Reflected as unconscious despair (Kierkegaard, 1989), this view rejects the premise that the person who isn't aware of his own despair, is not in despair. The forensic literature on viewing a state which can be measured through empirical tests and labelled through diagnostic manuals, begins from a very different place. Again, this discrepancy will be further developed in Chapter 4, where the implications of an unconscious despair for the methodology of this project, will be outlined.

Holding these initial methodological and epistemological concerns in mind, the following will outline the main themes on despair, which emerge from this common view.

2.6.1 Experience of Imprisonment

Contrary to the existential-phenomenological notions of despair where despair is seen to emerge as associated with the concept of the self and human consciousness, a theme we see across the forensic literature is despair as arising through the prisoner's experience in prison.

The prison literature makes a connection between the despair which emerges in prison and that which it is suggested to emerge from traumatic events and situations, where adjustment is difficult (Wallace, 1956; Wolfenstein, 1957). It is well documented in the literature that the psychological effects of incarceration of a person in prison, can be devastating, leading to feelings of utter despair (Cooke, Baldwin and Howison, 1990; Palmer and Connelly, 2005).

This is also apparent if one explores the historical literature around use of prisons. Penitentiaries were often set up as interventions with the aim of punishing and segregating people, in order to create personal and behavioural change. Within this system, it was often found that the intense solitude led many inmates to become very disturbed (Lewis, 1967). In turn, the current conditions of prison, as presented by prisoners, express a 'nether-world of despair' (Abu-Jamal, 1995: 12), with conditions 'far more bleak and desperate than the prison literature of any earlier period' (Franklin, 1998: 17).

Some studies outline the negative and often damaging effects of prison on behaviour and wellbeing, both before, during and after imprisonment. Toch (1977)

explains how there exist certain standards for living which are not met in prison, such as overcrowding and poor sanitation, which may result in a sense of despair (Mathieson, 1965; Nagel, 1976). Sykes (1958) characterised the prison as an environment, which fails to fulfill the basic needs of humans, and in doing so causes deprivation of freedom, security and autonomy. Goffman (1961) suggested that the prison institution as a whole, hampers adjustment to the prison environment, because it fosters dependency by infantilising and undermining the self-esteem and autonomy of the incarcerated. Foucault (1979: 235-236) too suggests that despair and other effects are intrinsic to the very notion of punishment in what are described as 'complete and austere' institutions.

Outlining the experience of prison, Rowan (1989) reflects on how prisoners have to deal with the authoritarian environment, as well as the isolation from family and friends. This is alongside the feelings of guilt and shame around the crime and incarceration, and despair over the perceived lack of control over the present and future. This effect, and the resulting despair is often found even with repeat offenders who have previously experienced the difficult environment (Hayes and Rowan, 1988).

Doctor (2007) notes how it is striking that the nature of the prison building itself can be viewed as a concrete illustration of the psychological state of the prisoners within the building. There are many examples of the remarkable physical contrast within the prison, for example, the drab, barren and cold prison building is in contrast to the opportunity of the church dedicated to the spiritual awareness of the prisoners. He suggests this is a reflection of the 'extreme polarities in the prisoner's

mind, of hope and salvation and psychic despair and death on the other' (Doctor, 2007: 163).

In a psychological research study, Digard found that for many prisoners, the traumatic experience of prison was detrimental to wellbeing and mental health, as one prisoner outlined:

I just fell pretty much in despair...I just realised I'm not ready to engage with the whole path of being in prison, and I just deteriorated then. I laid in bed 24/7 practically, I didn't get changed . . . I wanted to sink into sufferance.

(Digard, 2010: 48)

Digard also found that one quarter of prisoners taking part in the study exhibited despair and associated 'symptoms', such as withdrawal, hopelessness, self-harm and suicidal ideation. However, caught up within a scientific epistemology, studies such as Digard's (2010) study assume despair as something that can be viewed and measured by another. With implication for this study, this again stands contrary to the existential-phenomenological literature where despair, as occurring over the self, cannot be assumed, or known and remains subject to an unconscious and to language.

It has been suggested that the prison environment is defined by solicitude, inactivity and isolation, which removes prisoners' coping resources and is therefore a test of

coping competence (Cox, 1978). Also it is suggested that on realising the extent of their despair, prisoners withdraw further from social contact with other prisoners and the prison system as a whole. Further, Inch et al. (1995) suggest that segregation of prisoners both from the outside world and from each other, leads to an increase in despair.

This is where Giallombardo (1966: 129) outlines a difference between male and females prisoners as he posits how the attempt of female prisoners to maintain social contact is, 'to resist the destructive effects of imprisonment by creating a substitute universe – a world in which the inmates preserve an identity which is relevant to life outside the prison'. Giallombardo finally suggests that despite the fact the loss of security and isolation provokes anxiety equally in males and female, women, in seeking compensation through social contact, may be less likely to experience despair.

This aspect seems important given that for Kierkegaard (1989), with despair brings a solicitude or introversion into the self. However this raises questions as to whether solicitude may be seen to emerge through the despair, as opposed to standing as a causal link to despair as suggested within the forensic literature. In turn, the psychological nature of the forensic literature may be seen to close down possibilities through suggesting causal links, such as gender differences.

The literature also outlines how the psychological difficulties are likely to be maximal during the initial phase in prison (Toch and Adams, 1989), often diminishing following a period of adjustment (Gunn et al., 1978). Findings such as

these are ever pertinent to the issue of suicide in prison, given that research suggests the majority of deaths occur in the early period following arrival at prison, when prisoners are likely to encounter the greatest amount of uncertainty (Towl, 1999; Towl, 2000).

Similarly, the importance of successful adaptation to imprisonment has long been recognised (Clemmer, 1940; Cohen and Taylor, 1972; Coid, 1984). Over time, adjustment to the prison culture may facilitate and reduce feelings of isolation and allow prisoners to regain some sense of control over their lives, self-autonomy and functioning (Goodstein and Wright, 1989: 231). However, Parkes (1972) outlines how feelings of disorganisation and despair succeed the initial phase in which prisoners experience anger and guilt, following their arrival to prison. The feelings of apathy and despair are likely once intense pangs of grief are past their peak. However again it is not clear how one would gain knowledge of the others state of despair, or that it is in fact despair.

The above literature may be considered in comparison to the notion of despair as emerging within the existential-phenomenological tradition, where despair is viewed through the notion of existence as a ‘perpetual search for strategies’, within which man attempts to ameliorate the futile internal division characteristic of being human (Berthold-Bond, 1998: 35). Within this, despite often being disguised as despair over something, despair is described as emerging as a sickness over the self. It is within this that despair is ultimately over the self: ‘Despair is a characteristic of the spirit, is related to the eternal, and therefore has something of the eternal in its dialectic’ (Kierkegaard, 1989: 24).

This contradicts the above forensic literature which as outlined, views despair as inextricably linked to the experience of prison within which the prisoner despairs over their incarceration (Cooke, Baldwin and Howison, 1990), over reduced contact with family (Rowan, 1989) and over their loss of freedom (Palmer and Connelly, 2005). Imprisonment is therefore seen as inducing this despair (Toch, 1992).

It is important to note that Toch (1992), who presents the results of a large-scale study in which men and women suffering in prison were interviewed with regard to their experience of despair in prison, indicates a form of despair differentiated from that of situational despair brought about by imprisonment. In fact, with potential similarities to Kierkegaard's depiction, this form of despair may be considered a despair over the person and their existence as a whole. Within the study he outlines that this type of despair is, 'not a product of the moment but a verdict rendered on one's entire existence – on one's potency and reputation and worth, it entails an inventory not only of one's immediate circumstances but of one's lifelong contributions and actions and prospects' (Toch, 1992: 63).

The despair results from a skewed inventory, which for the prisoner yields a record of failure. Toch (2009) outlines a despair, which colours the prisoner's entire outlook on life and negates his hope. As an inmate outlined:

I've achieved nothing, left no mark. What is my existence here? And
you keep running this through your mind until you reach a point that

you've convinced yourself that you're a worthless human being
toward the human race or anything else?

(Toch,
2009: 10)

The Kierkegaardian (1989:17) perspective would consider the prisoner's despair which emerges through the experience of prison not as despair over imprisonment, but as despair over the self; 'in despairing over something he was really despairing over himself'. In turn, this view of despairing over a loss of freedom, not only sticks with regard to its nature of being over something, but also in that Sartre posits despair as emerging from the world we are thrown into and the absolute freedom we have, to create ourselves (Banach, 2006).

Although important, it is clear from Toch's (1992) writings above, that despite this form of despair seen as fundamentally associated with the self, it is again coined within terms of diagnosis, antecedents and consequences which can be observed by another. Further, it is considered a form of despair, which it is assumed can be separated from other forms of despair through causes and resultant characteristics. Although a move towards the existential-phenomenological literature, can forensic writings ever escape this fundamental, scientific standpoint? And how can we engage the forensic in research, through an approach which rejects the objective and scientific, for the subjective?

The individual prisoner's resources and their association with despair will now be outlined.

2.6.2 Individual Prisoner Resources

A further theme which emerges from the literature is that of the prisoner's resources. Backett (1987) suggests that imprisonment induces distress on a continuum which is dependent on the individual prisoner's resources. As a result, despair will be experienced, if the prisoner's critical threshold is reached.

According to Toch's (1992: 40), summary of the participant's experience of despair, despair is an experience where the prisoner feels resourceless, overwhelmed and lost. In turn, he states the emergence of a state of despair can be considered as dependent on the 'transaction' between the individual, including resources and susceptibility and the difficult prison environment. This raises questions with regard to despair as emerging through the interaction of environment and resources, and how one could measure a critical threshold or aspects of the transaction.

Some researchers recognise that negative consequences are not inevitable in prison and moreover are individually specific rather than generalised or uniform (Zamble and Porporino, 1988; Power et al., 1997). The literature does in fact recognise despair as varying from person to person, the difference lying in the phenomenological configuration of the person and their subjective experience. However again this phenomenological configuration is coined in positivistic terms, as if one could assess and know the prisoner's despair through attendance to their individual configuration of personality and experience.

As Biggam and Power (1997) acknowledge, researchers are aware of the multidimensional nature of stress, which incorporates an individual's physical environment as well as the psychological and social realms (Lazarus, 1966). Stress and subsequent distress and despair is said to stem from a person's appraisal of the interaction of such factors (Cox, 1978; Wertheimer, 1991). Power et al. (1997) on examining prisoner's perceptions of adaptation found the results suggested coping abilities are multifaceted and determined by a complex interaction of background, individual, situational and environmental factors. This also raises a particular challenge in response to the writings of Kierkegaard within which he posits that in fact everyone is in despair (Storm, 2010), discounting a transaction or threshold within which one might experience symptoms of despair if a particular level is reached.

Zamble and Porporino, (1988) suggest the effect of the prison environment on prisoners is often greatest for those who experience severe difficulties in life outside prison, as stressors in prison exacerbate vulnerabilities. We therefore see a similarity between crises in prison and crises in the everyday lives of vulnerable persons.

Further, the studies outlined below involve despair as observed in the client or participant, and defined in terms of a lack of hope and interest as outwardly expressed by the participant (Power et al., 1997). The existential-phenomenological literature which would suggest that in gaining knowledge of the phenomenon of despair, one must return to the experience of the phenomenon, would challenge the systematic evaluation of an observable despair through a cause and effect approach

in developing knowledge (Corbin and Strauss, 1998). This study, beginning with phenomenology, questions the positivistic stance underlining the forensic literature, whereby knowledge can be secured through correspondence with measurable experiences or observed events.

The final theme, which emerges from the definition of despair within the forensic literature, will now be outlined.

2.6.3 Loss of Hope

A further theme which emerges from the literature as Toch (1992) outlines is that despair may be defined as the prisoner's loss of hope in the future. This loss of hope may include a loss of interest, feelings of failure and belief in a barren future. In fact an assumption is made, 'that one is unregenerable, that one's future must be shaped inescapably by the propensities that have shaped one's worthless past' (Toch, 1992: 74). Toch (1992) outlines that prisoners wish to remove themselves from the world due to this perceived loss of hope in all aspects of life.

A connection is also made between this lack of hope and suicidal ideation and self-injury, such as cutting and drug and alcohol use as a way of blocking out the fear and helplessness underscoring the despair. In turn, Kafka speaking of a prisoner's despair states:

A first sign of incipient insight is the wish to die. This life seems unbearable – another, unreachable. One ceases to be ashamed of wanting to die; one pleads to be taken from the old cell, which one hates, to a new one, which one will learn to hate. A residue of faith

colludes with the hope that during the move the Lord will
coincidentally meet the detainee in the corridor, look at him and say:
“Don’t lock up this one. He’s coming to me”.

(1953: 40)

This speaks of despair and associated pleas to be rid of oneself. However in contrast, Kafka outlines the residue of hope in that they will be rid of their despair, through death.

The broadly psychological literature around hope may be considered contrary to the existential-phenomenological literature, which on considering despair as a sickness of the self, rejects despair as an emergent state resulting from the loss of hope (Kierkegaard, 1989). However as Kafka states, Kierkegaard (1989) considers the notion of hope as associated with death, and in particular the loss of hope associated with not being able to die.

However again, it must be noted that within the forensic literature, both hope and despair are often considered not as emerging over the self, but as states, which can be measured and known. This suggests that in comparing these notions as outlined within the existential-phenomenological and forensic literature, one must first begin with challenging the very notion of the assumed concepts.

Having outlined the notion of despair as outlined within the forensic literature, the following section will draw together aspects of the literature, presenting potential conclusions.

2.7 CONCLUSION

This review of the literature initially focused on existential-phenomenological thought with regard to despair and secondly, deconstructed despair as explicated in the forensic literature. Similar to Kierkegaard's (1989) attempt, it has acknowledged the broadly empirical data on despair as having little significance of despair as experienced. In turn, we cannot approach the phenomenon of despair through scientific study, observation and measurement. It is only through attendance to subjective experience, that one may gain knowledge of the phenomenon. This conclusion attempts, not to provide a synthesis of the existential-phenomenological notion of despair, but to begin to pull together aspects of despair as emerging within the school of thought.

Within the existential-phenomenological literature we initially see despair as emerging within the concept of the self. However it is clear from the chapter that the self is not defined as a process or entity as it is conceived within psychoanalysis (Kohut, 1971) and some existential literature (Deurzen and Kenward, 2005). It is depicted by Kierkegaard's (1989) realisation of the self as a relation which relates to itself. And despite the fact the writings of Heidegger (1962) and Sartre (1958) may be considered as presenting transformations of the notion of despair as presented in *The Sickness Unto Death*, throughout the existential-phenomenological literature considered, despair is associated with the self and human consciousness; despair as a sickness of the self.

Emerging within the notion of existence, despair is considered through man's attempt to ameliorate a division to which human man is subject to (Berthold-Bond,

1998). Despair is therefore seen as occurring as a disrelational synthesis of self (Hegel, 1977a); a misrelation in the relation that relates to itself (Kierkegaard, 1989). In turn, despair is seen as arising from man's struggle with their ultimate responsibility and freedom (Sartre, 1958). Despair has also reflected a primal willing; to want to be rid of oneself Kierkegaard (1989), more primordial in the case of Heidegger (1962) and for Sartre, a willing to be what we are not (Theunissen, 2005). Ultimately, despair is considered as over the self, even when it is disguised as being despair over something (Kierkegaard, 1989).

Within the existential-phenomenological literature, despair can also emerge without the outward appearance of despair, suggesting that despair can be unconscious. Therefore, to not be consciously aware of one's despair is in itself to despair, as, as Cooper (1999) suggests, despair is all the more entrenched to the degree that it is unaware of itself as such.

Ultimately this chapter, whilst exploring the existential-phenomenological notion of despair, has not attempted to set out a theoretical framework by which despair should be read as such, but to consider despair as a complex notion, viewed under the aspect of consciousness (Heaton, 2009). However, despite the fact that the aim of this chapter was not to create a set of principles to be followed, this chapter has enabled a discussion of despair, which will inform future chapters, in particular the implications of the notion of despair for research in Chapters 4 and 5.

Despair as explicated in this chapter is not meant to, however, form a totalising synthesis and in the spirit of phenomenology, the notion of despair will be

considered as subject to language (Lacan, 1993) and with no fixed meaning to which we can point with authority (Heaton, 2009) throughout this project.

The next chapter, which is the second review of the literature, will consider the therapeutic resolution of despair; examining the resolution of despair as explicated by Hegel, Kierkegaard, Heidegger and Sartre as well as considering the place of psychotherapy with despair, with particular reference to the prison setting.

3.1 INTRODUCTION

The aim of this research is to explore the possibility of a phenomenological approach to researching how psychotherapists experience working with despair in a UK prison setting. Therefore, having presented an exploration and deconstruction of the notion of despair in Chapter 2, this second review of the literature will now turn to consider the therapeutic resolution of despair. The existential-phenomenological literature concerning the therapeutic resolution of despair will be outlined (Berthold-Bond, 1998), as well the psychotherapeutic and forensic literature concerning despair in psychotherapy.

Therapeutics is defined by *Merriam-Webster's Collegiate Dictionary* (2007) as of, or relating to the treatment of disease or disorders by remedial agents or methods. However, if we take the Greek *therapeutikos*, and examine those words from which it is derived such as *therapeuts*, one who administers, *therapeuin*, to serve or administer and *theraps* as attendant, we hear something different; of service, attendance or care (Heaton, 1998). This is particularly important given the fact that the existential-phenomenological literature describes despair, not as a disease or pathology to be treated but as something ultimately over the self and associated with human consciousness; despair as a sickness of the self (Kierkegaard, 1989).

In turn, the definition of resolution, which pertains to resolving something, may indicate a return from a pathological to a normal condition according to the *Collins English Dictionary* (2009), apposite with the current culture of psychology and its treatment of mental illness. However resolution from *resolutionem*, refers to a process of reducing things into simpler forms, and *resolvere* to loosen, as stated in the *Online Etymology Dictionary* (Harper, 2010). For Heidegger (1962: 345), it means ‘openness’ or the state of being ‘unlocked’. It is from this definition, as will become clear, that the existential-phenomenological literature depicts a resolution of despair.

As stated within Chapter 1, the phenomenological approach is the overarching lens through which the two reviews of the literature are carried out, considered and deconstructed. From Chapter 2, we see the notion of despair emerging through the existential-phenomenological literature as a complex phenomenon, which cannot be defined within a theoretical framework (Heaton, 2009). In turn, in conscious and unconscious forms, it is considered a despair over the self, emerging through human’s need to ameliorate an inner division (Berthold-Bond, 1998), as well as through the struggle with responsibility and freedom (Sartre, 1958). In turn, with implication for this chapter, we see that despair cannot be approached through scientific study, but only through attendance to subjective experience (Kierkegaard, 1989).

In turn, beginning with phenomenology in this chapter, we see how the existential-phenomenological literature considers the resolution of despair as ultimately, a beyond (Hegel, 1977a) which will be outlined in greater depth in the following

section. However this also considers the resolution of despair to be a resolution within which the relation of the self to the self is considered paramount (Berthold-Bond, 1998). A definition of therapeutics most apposite with the existential-phenomenological literature would therefore begin at this place which refers not simply to technical procedure but instead the addressing of oneself and another in a responsible, attendant way.

This, as will later be discussed, can be considered particularly different to that of the therapeutic considerations of despair in the psychological, forensic and even psychotherapeutic literature whereby psychotherapy generally takes up a definition which assumes an intervention, bringing about a positive outcome, in alleviating and resolving despair (Burgy, 2008; Richman, 1995; Towl et al., 2002).

This chapter will therefore consider two areas. Firstly, a review of the existential-phenomenological literature relevant to the therapeutic resolution of despair will be considered, identifying in particular, the implications for psychotherapeutic practice with despair, from the writings of Hegel (1977a), Kierkegaard (1989), Heidegger (1962) and Sartre (1958).

Secondly, the literature relevant to despair as it arises in psychotherapeutic work will be presented, with a specific reference to psychotherapy in prisons. This review will present the themes that emerge from the literature with regard to psychotherapeutic work with despair: the psychotherapeutic response to despair (Richman, 1995; Beck et al., 2005), the struggle evoked in the psychotherapist working with a client in despair (Farber, 1968; Lowery, 1984; Ziegler and McEvoy, 2000) and the concept of hope in relation to psychotherapeutic work with despair (Weingarten, 2000; Flaskas, 2007a).

Within the forensic literature, we see the importance of the prison context emerge as a key aspect in the consideration of psychotherapy in prisons (Harvey and Smedley, 2010) and as a result, the specific writings relevant to psychotherapeutic work with despair in prisons will also be discussed. Both through comparison with despair as outlined within the existential-phenomenological literature as well as the existential-phenomenological writings on the therapeutic resolution of despair, a critique of the psychotherapeutic and forensic literature will take place, outlining again the implications for psychotherapeutic practice with despair.

3.2 EXISTENTIAL-PHENOMENOLOGICAL PERSPECTIVES ON THE THERAPEUTIC RESOLUTION OF DESPAIR

This section will outline the therapeutic resolution of despair as depicted in the existential-phenomenological literature, describing a resolution of despair, not through a medical or structural definition of resolution, but through the possibility of a process of unlocking (Heidegger, 1962).

As with Hegel, the writings of Kierkegaard are often considered in terms of the ‘therapeutics of despair’ (Berthold-Bond, 1998: 33). In turn, Kierkegaard’s therapeutic resolution of despair is described in the literature as ‘theological’ (Pound, 2008: 79), emphasising a religious aspect to its resolution. Drawing on a therapeutic resolution of despair, Hegel and Kierkegaard implicate reason and faith as the cure respectively (Berthold-Bond, 1998, 2009).

It is important to initially acknowledge that the writings of Heidegger (1962) and Sartre (1958), which are considered a transformation of Kierkegaard’s approach to despair, may be considered to approach a therapeutic resolution in a different sense

(Theunissen, 2005). For Heidegger (1962: 243), it is through the 'resolution' of inauthentic *Dasein* in not willing to be oneself, that through being ready for anxiety, one takes repossession of the authentic self and through doing so, faces up to mortality. Sartre (1958) suggests it is through the renunciation of bad faith, that the individual recognises their responsibility and accepts their freedom in good faith. However it is through this acceptance of freedom that man accepts the consequent experiences of anguish, forlornness and despair (Deurzen, 1999). This resolution, as will be discussed, signifies an acceptance as opposed to an alleviation of despair.

Within the existential-phenomenological literature, despair is often considered as an opening from which possibilities may emerge (Lipsyte, 1995; Beck et al., 2003), seen as 'the prelude for an authentic hope that far transcends mere naive optimism' (Marcel, 1962: 36). Kierkegaard (1954), too, posits that in order for the self to become a self, it must be broken. Therefore through the emergence of this despair, which breaks us, we move ever closer to being 'cured' (Kierkegaard, 1989: 54). As May (1994: 12) suggests, the existential-phenomenological literature is therefore more concerned with 'the capacity to move ahead in spite of despair' than with the alleviation or remission of states of despair.

However, as will be discussed in greater depth, despite the depiction of a resolution of despair, the resolution may be seen to be beyond resolve, with the possibility of a resolution outlined, yet contradicted through the declaration that the resolution remains a beyond (Hegel, 1977a).

The following will present the literature relevant to the therapeutic resolution of despair according to the writings of Hegel (1977a), Kierkegaard (1989), Heidegger

(1962) and Sartre (1958). The implications for psychotherapeutic practice will also be considered.

3.2.1 Hegel

Hegel's (1977a) writings on despair are often considered preliminary to Kierkegaard's thought, given the areas of convergence between their writings on despair and its resolution. As a result, this section will outline Hegel's ideas regarding a therapeutic resolution of despair.

It seems important to initially acknowledge that Hegel proposes that 'the wounds of the spirit' must be 'healed' (Hegel, 1977a: 407). Further, the resolution of despair or the unhappy consciousness for Hegel (1977a) is seen to emerge from the ascetic consciousness, through a logical, syllogistic solution. Hegel's cure for despair lies in philosophical thought or speculative reason, which according to Berthold-Bond (1998: 56) is 'reason which seeks the unification of opposed, conflicting elements of the world and self', surpassing simple empirical understanding.

For Berthold-Bond (1998: 51), the dialectic of Hegel's despair and as will be discussed in the following section, the dialectic of Kierkegaard's despair, both involve a 'leap'. The leap within Hegel's writing emerges from Hegel's understanding that the resolution of despair 'remains a beyond' (Hegel, 1977a: 138), despite the fact that the logic of despair can be seen to point beyond itself to a resolution through reason.

It is argued here that the concept of the beyond, is potentially the most important contribution from Hegel in the resolution of despair, with pertinent implications for psychotherapy. However in discussing the implications, it seems important to first explore the meaning of the beyond for psychotherapy.

If we take the meaning of the word, beyond, it may be thought to signify that something is past understanding, reach or scope. According to the *American Heritage Dictionary* (Pickett, 2009) 'beyond' signifies 'that which is past or to a degree greater than knowledge or experience; the unknown.' Our understanding of what implications the beyond might hold for psychotherapy is therefore dependent on whether we understand beyond to signify past understanding, or simply as a degree past our conscious knowledge. Further, it can be said that this holds implications for psychotherapeutic approaches such as psychoanalysis which attempt to make the beyond or unconscious, known (Stern et al., 1998).

For Hegel (1977a), it is suggested that the beyond signifies something unreachable. This seems important for the phenomenon of despair, as it is argued here that despair, as intrinsic to our human condition, remains a beyond, in that it can never truly be resolved or known. This seems at odds with therapeutic models such as cognitive behavioural therapy, which aim to alleviate, challenge and resolve negative feelings such as despair (Collins and Cutcliffe, 2003). Importantly the argument that despair remains unresolvable and to some extent unknowable, seems apposite to the experience of the researcher in her therapeutic work with clients.

The leap also considered by Hegel, is further associated for Hegel with a turning to the spiritual through the sacrifice of the 'I' for the 'we', which involves a 'surrender of one's own will' (Hegel, 1977a: 138). Berthold-Bond (2009: 310), in describing a resolution of despair according to Hegel, explains how for Hegel, language liberates us from what is the main cause of human illness, 'our attachment to the privacy of the 'I''. Therefore, to speak is to lose the comfort of privacy, the security of the I am I, and to succumb to the public space in which the self no longer determines itself but is determined by what others understand us to be by our speech. This seems apposite to Sartre's (1958: 395-396) description of language as a 'flight outside myself', as well as a 'stealing of thought' by the other. For Hegel, language is therefore a 'liberation from the inarticulable, inchoate particularity of the 'I'' (Berthold-Bond, 2009: 308). However, Hegel (1977a) too posits that through language, something is always lost, leaving a space for difference between self and other.

This has implications for psychotherapy for what may be referred to as the talking cure where words, according to Freud (1917), hold a therapeutic power to treat mental illness. As will be depicted in the second part of this chapter regarding the psychotherapeutic literature on despair, it is potentially through this talking in therapy, that an alleviation or resolution of despair emerges (Richman, 1995; Towl et al., 2002). However this point becomes particularly controversial given that for Kierkegaard, a resolution of despair through faith is beyond language (Berthold-Bond, 2009).

Having briefly introduced Hegel's (1977a) writings on despair, the following

section will present the writings of Kierkegaard relevant to a therapeutic resolution of despair.

3.2.2 Kierkegaard

The second half of *The Sickness Unto Death* focuses on a possible ‘resolution’ or ‘cure’ for despair (Kierkegaard, 1989: 147). However, throughout, Kierkegaard (1989) does not claim to offer the solution (O’Leary, 2005). This section aims to explore a potential resolution of despair through the writings of Kierkegaard, with a particular consideration of the implications for psychotherapy with despair.

Berthold-Bond (1998: 59) states that Kierkegaard’s therapeutic resolution of despair, emerges through the ‘narrative rift’ in his dialectic. The rift is reflected in the way in which Part Second is introduced, whereby despair as sin takes on a transformation resulting in a ‘decisively’ new meaning (Kierkegaard, 1989: 214). Further, it is at the point when despair becomes demonic and turns to rage against itself, that Kierkegaard posits the possibility of resolution (Berthold-Bond, 1998). Further, it is through experiencing the self as divided, as Heidegger (1968: 90) suggests, that ‘torn consciousness is open to admit the Absolute’.

Kierkegaard makes clear that despair, while something that must be overcome, is a thing that can direct an individual towards ‘a solution’ (O’Leary, 2005: 41). In fact as Kierkegaard (1989) states, it is through the emergence of this despair, which breaks us, that we closer to being cured. Pembroke refers to despair as the symptom and solution according to Kierkegaard:

For Kierkegaard despair is the symptom, and at the same time it is the solution. Choosing despair reverses the outward push; a person is driven back into herself. In facing her despair squarely, she chooses herself in her eternal validity.

(2005: 66)

Pembroke (2005) suggests that the solution for despair, proposed by Kierkegaard, is ironic in form, as to overcome despair, one must choose despair. This seems apposite to the process of psychotherapy as in the potential resolution of phenomenon, one must come to face and speak of what is experienced as, for example, difficult or fearful. Further, the choosing or facing of despair has widespread implications as it has been suggested that despair is a central experience for all those who enter psychotherapy (Beck et al., 2005).

Pembroke (2005) speaks of a paradoxical approach to therapeutic practice, which asks the person to choose despair. In turn, Pembroke suggests that in choosing despair, this will lead to freedom in enabling the person to claim their true self, which is both virtuous and vicious. The appropriation of the self, is, according to Kierkegaard (2004: 518), a form of repentance: 'He can let go of none of this, not the most painful things, not the most grievous, and yet the expression of this fight, of this acquiring, is – repentance.' Further, this repentance, which according to Podmore (2009) is synonymous with choosing the self, involves choosing the self as guilty, and from the hand of God.

An important consideration, however, stands that for Kierkegaard (1989: 24), to not be in despair may be 'precisely to be in despair' or to have been 'saved from being in despair'. However in this, not only does he suggest the possibility of not being in despair, he suggests that through the resolution of despair in which one is saved, the outcome has the potential to be 'not being in despair'. Therefore one can view a dialectic emerging as despite Kierkegaard alluding, as with Hegel, to the resolution as a beyond, he also suggests the possibility of a resolution. However as will be discussed below, this resolution through the divine other does not come easily.

Kierkegaard (1989: 11) sees the possibility of despair as 'man's advantage' and therefore sees the person in despair as a dialectical step closer to being cured (Kierkegaard, 1989: 11). The self, in daring to lose itself, in fact gains itself through the eternal, with despair considered a 'corridor to faith' (Kierkegaard, 1989: 84). It is through this, that Kierkegaard urges us to understand despair as the sickness as opposed to the remedy. Further, Lipsyte (1995: 31) suggests that according to Kierkegaard this salvation from despair is 'a continuous process of self-realisation/re-integration/self-knowledge', questioning the abundance of short-term therapies, which attempt to ameliorate symptoms within short periods of time.

In that Kierkegaard (1989) sees despair as a sickness of the self, it is only through a personal relationship with the divine other, God, as he posits, that one can overcome despair. This is particularly evident in his writings on the condition when one is not in despair, as one in which the self relates itself to its own self and is grounded transparently in God. For Kierkegaard (1989: 165), despair finds its cure in religious faith, with faith as the 'formula'. Podmore (2009: 174) states that faith

for Kierkegaard is revealed as a ‘self-surrendering recognition of acceptance before the Holy Other—to be the key to unlocking the enigma of the self in despair’.

This leap to faith, according to Kierkegaard, is an abandonment of the project in which we create our own salvation, a surrendering of the need to understand, as well as an acknowledgment of our sin and handing over of ourselves to God. With regard to psychotherapy, Winnicott’s (1971) writings on paradox, which call the analyst to sit with and surrender to paradox, without reaching for understanding, seem to bear resemblance to the suggestion by Kierkegaard. For as Winnicott states:

My contribution is to ask for a paradox to be accepted and tolerated and respected, and for it not to be resolved. By flight to spilt-off intellectual functioning, it is possible to resolve the paradox, but the price of this is the loss of the paradox itself.

(1971: 31)

Therefore despite Winnicott diverging from Kierkegaard’s understanding with regard to handing oneself over to God, from their writings, one may posit that in the resolution of despair, the therapist and client alike, may be required to reject intellectualising and the need to know, in order for one to surrender to and sit with the unknown and paradoxical.

Importantly, for Kierkegaard the resolution of despair lies in the self, yet has a relationship to the Other, as the self cannot be found solely in the individual (O'Leary, 2005). In fact Podmore (2009: 183) suggests that the key to salvation, according to Kierkegaard, involves opening one up to the possibility of becoming a self in relation before God through an 'act of self-abnegation'. Berthold-Bond (1998) suggests that this leap, as Hegel's, entails an act of sacrifice, as in speaking of the sacrifice of the self, Kierkegaard (1989) posits that in order for the self to become a self, it must be broken. However despite the suggestion that despair can be resolved as outlined above, Kierkegaard alludes to this solution through religion as being problematic, as the divine other cannot be spoken of or fully understood, and thus infinitely lacks complete certainty (Kierkegaard, 1989). Again the dialectic between the resolvable and unresolvable needs to be noted.

Further, it seems important, at this point, to acknowledge that Kierkegaard's (1989: 171) faith appears contrary to Hegel's reason in that, for Kierkegaard, to have faith 'is precisely to lose one's understanding in order to win God'. However for Fabro (1962), faith and reason cannot be separated, with Tillich (1957) suggesting that reason may in fact be a precondition of faith, as it is faith, which is the act in which reason reaches beyond itself. It is here we might begin to understand that if reason is to accept its limitations, then the idea of any conflict between the terms, is expelled. Berthold-Bond (1998) therefore sees Kierkegaard's despair as preserving a preparatory role for reason. In his later writings Hegel (1977b: 64) introduces philosophical faith which overcomes the barrier between reason and faith. This is however something different to Kierkegaard's encounter between faith and reason, whereby reason surrenders and gives itself up.

With implication for psychotherapy, Pembroke (2005) states that according to Kierkegaard, a person can reach a resolution through experiencing the inwardness that leads to the eternal, as opposed to being freed from neurotic symptoms. Pembroke (2005: 65) describes how despite the common sense approaches suggested in aiding a person in despair, such as offering hope, encouraging the person to find new and different aesthetic pursuits, or identifying the lack and subsequently filling the gap, 'Kierkegaard eschews all such superficial strategies for overcoming Despair'.

Diamond (2011: 3) suggests that the implication of Kierkegaard's conclusion of the resolution of despair through faith for psychotherapy has the potential to be profound; 'for if despair can be cured by religious faith, then it can be surmised that the absence of some spiritual stance or faith is what, at least partially, underlies and comprises clinical despair'. However, contrary to Kierkegaard, Diamond argues that the resolution of despair has little to do with religious faith, and is instead associated with a person's frustrated need for existential freedom, self-transcendence, purpose and meaning. It is argued here that Diamond's writings are poignant for the practice of psychotherapy, as it is the researcher's experience that psychotherapy with despair, is about a relationship within which aspects of the client's self and experience are explored. This implicates a resolution through, as Diamond suggests, a therapeutic relationship and exploration of the client's being and meaning, as opposed to faith or a relationship with God.

For example, for Nordentoft (1978: 364), the task of a psychotherapy apposite with

the implications of Kierkegaard writings, would be an approach which would aim, 'to lay barren, to unmask, to reveal the despair in what is fundamentally present'. Psychotherapy would therefore act as a means for the client to re-evaluate and re-adjust their attitude towards life, to come to terms with their paradoxical existence. Nordentoft suggests this could allow a recovery from despair by permitting a true relation to the self.

We see further implications for the process of psychotherapy emerge through *The Sickness Unto Death* (Kierkegaard, 1989). The first is that despair may function commonly on an unconscious level. Kierkegaard (1989: 23-24) refers not only to the 'physician', in their role to 'diagnose the sickness', but also to the 'psychic expert', pertaining to the human soul and mind. The psychic expert responds to the other's despair in a way, which shows the psychic is familiar with despair, seeing past the despairer's declaration that he is or is not in despair. The psychic expert, wise to the patients' confusions, dejections and distraction, 'sees quite clearly that it is affectation – but precisely that affectation is despair' (Kierkegaard, 1989: 23-24).

This raises a number of questions with regard to the practice of psychotherapy. For one, we may question what relation, if any, the psychotherapist bears to the physician, speaking in discourses of treatment and diagnosis with regard to despair. However it is argued here, that this description of the physician bears more resemblance to the psychiatrist, who on working with despair may attempt to treat and ameliorate despair at least in part, medically.

According to the *American Heritage Dictionary* (Pickett, 2011), alongside its derivation from the word *psukhikos* which means ‘of the soul’, the word psychic may be defined as relating to, affecting, or influenced by the human mind or psyche. Further, if we revisit the definition of therapy as a service and attendance to the other, we may begin to see the implication of the psychic expert for psychotherapy. As opposed to the physician or doctor who views despair in an objective manner, Kierkegaard (1989) suggests the psychic, and as argued here, the psychotherapist, may attend to despair subjectively.

Further, if we consider the implications of the psychic expert for psychotherapy, we may understand that according to Kierkegaard, the psychic has an awareness of an unconscious despair, which emerges not simply through the said, but through the very way of the patient. The process of the psychic, as the psychotherapist, may therefore involve an awareness of the unconscious despair of the client. Finally, the psychic expert’s wisdom of the different forms and presentations of despair, may raise the question as to whether the psychotherapist, as a form of psychic expert, can or even should be aware of the client’s despair in all its forms.

However it is important to note that according to Theunissen (2005), for Kierkegaard there is no therapy for despair. Kierkegaard (1989: 97) writes of the activity of ‘talking’ related to despair, and in particular, how talking with a confidant can be little use to the despairer: ‘If he talks to someone, opens himself to even just one single person, in all probability, he will feel himself so deflated, so let down.’ In justification of this, Kierkegaard (1989: 80) explains that the despairer may in fact despair over having opened himself up to another, as it would have

been ‘infinitely preferable to have kept silent’. For as Kierkegaard suggests, there exists within the despairer an agonising self-contradiction of not being able to do without a confidant and yet not being able to be with one.

This is ever linked to the fact that for Kierkegaard (1989) a demand of faith, in the curing of despair, contrary to Hegel’s (1977a) cure through language, is the need for silence. In turn, Kierkegaard posits that the despairing soul need not do anything, but to remain in silence and to wait silently in prayer. The implication of this for the talking cure as psychotherapy is often considered, is important, as Kierkegaard suggests that talking cannot lead to a resolution of despair, as often intended in psychotherapy.

Kierkegaard (1989: 87) asks whether the despairer can ‘have hope in the possibility of help’ from another, and concludes he cannot. Nor can the despairer ask for help from the other, for particularly when despair becomes demonic, he would rather be alone with his torments than ask for help. For despite wishing to be helped, if helped by another, such as someone in authority, there emerges the humiliation of having received help. There, too, emerges a feeling of the despairer becoming ‘a nothing in the hands of the helper for whom everything is possible’. Finally, a feeling of having given in to the helper or having given up being oneself may emerge from asking for help. Could this hold potential implications for psychotherapy, whereby the psychotherapist is often seen in a helper role?

There also exists implication for the ‘confidant’ in that Kierkegaard (1989: 81) speaks of the despairer who felt the need to confide about his despair and ‘to that

end consumed a whole succession of people, since to be his confidant was certain death'. One could think about the consumption of the therapist by the client's despair as a putting to death and the implications this could potentially have for the client, the therapist and the therapeutic relationship. This experience is apparent, both with regard to the researcher's previous research (Gee and Loewenthal 2011) and Beck et al. (2005), whose findings suggest that what is evoked in the psychotherapist working with a client in despair, is both deadening and pervasive.

Having considered the implications of Kierkegaard's phenomenology of despair for a potential resolution and in turn, the practice of psychotherapy with despair, the following section will raise these questions with regard to the writings of Heidegger.

3.2.3 Heidegger

Despite the lack of specific focus on despair as an explicit ontological concern, an adaptation of Kierkegaard's approach to despair may be viewed, through Heidegger's writings (1962) on inauthentic *Dasein*. As a result, the resolution of inauthentic *Dasein* and what Heidegger terms authenticity or authentic *Dasein* will be outlined. Further, potential implications for psychotherapy will be considered.

For Heidegger (1962), we all have a capacity for authenticity, despite being lost in inauthenticity most of the time. It is important to begin by noting that Heidegger refused to advocate authenticity as an advanced state to strive towards, however, particularly in the practice of psychotherapy, Cohn (2002) views it as an important possibility. It seems important to also note that according to Cohn (2002: 92),

Heidegger refuses to see inauthenticity as absence, either ‘theologically, as a state of sin,’ as with Kierkegaard’s phenomenology of despair or ‘medically as a state of illness’, as seen of despair as depicted in the psychological literature.

Authenticity is considered as the moment when *Dasein* confronts its Being as ready for anxiety. In turn, the authentic being involves the individual in their background and ‘thrownness’, ‘since our own life stories are inseparable from the wider text of a shared we-world, authenticity can be nothing other than a fuller and richer form of participation in the public context’ (Guignon, 1993: 228-230). For Polt (1999), Heidegger's authenticity can be translated as a facing up to mortality, through which the finitude of one's possibilities is accepted, as well as the choice in the light of this finitude. Nichols (2000) describes it as a being-toward-death, an owning up of *Dasein* to the abyss within the self. Further, it is important to note that authenticity involves not necessarily behavioural changes, but a change in how one relates to their own temporality and possibilities (Cohn, 2002). Within authentic existence, *Dasein* is most fully disclosed to the kind of being it is, as one’s ownmost self (Heidegger, 1962).

Authentic existence therefore requires a decisive dedication to whatever it is we choose to accomplish in our lives (Cooper, 2003). This is apposite with what Heidegger (1962: 243) termed 'resolution' or ‘*Entschlossenheit*’, which indicates openness or a state of being unlocked: ‘Resolution signifies letting oneself be summoned out of one’s lostness in the ‘they’’. This definition of a resolution, seems particular apposite to the process of psychotherapy alluded to through the existential-phenomenological literature reviewed, which permits a dialogue or

relationship between two people, leading to a sense of opening or unlocking, as opposed to the remission of symptoms of despair.

According to Nichols (2000), for Heidegger, this unlockedness is a being freed for possibility and ultimately death and as such is the most primordial truth of *Dasein*. It involves a concern which contrary to the concern of the masses, is an individual concern in fulfilling one's own potentiality in the world (Warnock, 1970) as well as the acknowledgement that there are no ultimate grounds for our projects, meanings and interpretations (Cooper, 2003); a readiness to face anxiety (Cohn, 2002).

However, with an important implication for psychotherapy, and as suggested above, Heidegger (1971: 67) was not interested in determination and therefore this resoluteness is not 'the deliberate action of a subject, but the opening up of human being'. This suggests the practice of psychotherapy in enabling a movement towards authenticity, should similarly hold the possibility of an opening up, as opposed to action or intervention. However this seems contrary to current forms of 'existential psychotherapy' which are stated to draw on the writings of Heidegger, as Deurzen (1988: 27) explains, 'the existential approach to counselling centres on an exploration of someone's particular way of seeing life, the world and herself.' In turn, the aim stands to enable the client to feel more in tune with oneself as an individual. However this is particularly contradictory to Heidegger's description of authenticity as a possibility as opposed to a goal.

As previously outlined, Heidegger (1962) speaks of fallenness as a falling away from the authentic potentiality for being. However, one may consider the positive aspect of

this fallenness, as the striving for authentic Being comes about only through *Dasein's* awareness of its loss of self. Therefore as with despair for Kierkegaard, the act of *Verfallen* or falling, can be considered to be a prerequisite to authentic Being (Steiner, 1978). Further, it is through the movement away from inauthenticity that *Dasein* is opened up to the possibility of becoming an authentic self (Heidegger, 1962). Heidegger postulates that *Dasein* remains in search for authenticity, through its inauthenticity, describing an instrument for seizing the everydayness, known as 'care' (*Sorge*). (Heidegger, 1962: 375),

It is through the falling away from ourselves in our inauthentic being, that a sense of the uncanny is seen to emerge and shatter our everyday familiarity with things (Steiner, 1978). However this uncanniness may be seen as important, as it is in these moments, when *Angst* calls *Dasein* to face its freedom for remaining inauthentic, or choosing to move towards authenticity (Hornsby, 2002). For Heidegger, *Sorge*, which signifies man's existence, is a being careful in the world (Hornsby, 2002). In turn, *Sorge* may be considered as that through which *Dasein* moves towards authenticity (Steiner, 1978), as it is freedom which 'manifests itself in Heidegger's analysis of the ontological structure of *Sorge*' according to Nichols (2000: 3). It is therefore *Sorge* that enables *Dasein's* self-actualisation and the realisation of the *existentiell* potentiality.

This concept of authenticity may in fact enable an understanding of our embeddedness in the context of meaning, which according to Guignon (1993) relates to therapeutic practice, enabling us to understand our defended anxiety and angst. Madison (2001) suggests that an existential-phenomenological exploration of

our consciousness, which draws implication from the writings of Heidegger, can assist in clarifying our deepest values and concerns, bringing into awareness who we have made ourselves to be within the context of our facticity, and pointing out how we inevitably fall into the they and away from our ownmost possibility.

Further, Guinon (1993: 218) suggests that moral concerns, as outlined by Heidegger, such as the consideration of care, are vital to understanding the human being and thus must be considered central to any meaningful therapeutic dialogue. This has implications not only for psychotherapy with despair, but also for what Heidegger terms the resolution. However despite this, the implication of Heidegger's (1962: 435-436) writings for psychotherapy and potentially psychotherapy with despair stand contrary to intervention, as 'only in communicating and in struggling does the power of destiny become free'. This highlights the power of communication and the struggle that might emerge through the process of psychotherapy, in the freeing up of *Dasein* and the facilitating of authentic being (Spinelli, 1989).

The following section will now consider the writings of Sartre concerning the possibilities of a resolution of despair.

3.2.4 Sartre

As Cooper (2003) suggests, a Sartrean perspective holds that our lives have no given automatic meaning and there exists only the meanings we endow our lives with. He suggests that for Sartre, there is no profound reason for living and whilst we strive for meaning in life, ultimately meaning and purpose is not to be found. As

discussed previously, Sartre (1958) suggests the individual's life is constituted by his or her choices. And as the individual wills himself into being what he is, if one is frightened by self-constitution, he may act to avoid willing, abdicating choice and transferring one's choice to others; living in bad faith. In comparison to bad faith, the ethical ideal of good faith will be briefly outlined with regard to the implications for psychotherapy with despair.

For Sartre (1945), we can choose how we face our facticity and ontological limitations, as even a person who is imprisoned, is free to decide to accept his incarceration or to escape (Sartre, 1958). In fact, according to Corey (2009), Sartre calls for a commitment to choosing for ourselves. In turn, Yalom (1980: 222) states that Sartre's aim was to 'liberate individuals from bad faith and to help them assume responsibility'.

Sartre (1958: 627) suggests that the ethical ideal 'is a freedom which wills itself freedom'; which can be seen to acknowledge one's own freedom, alongside one's individual responsibility in the world (Deurzen, 1999). This acceptance of one's position, and the resultant despair, is according to Sartre (1958: 94), in 'good faith.' To exist in good faith therefore suggests affirming one's nothingness, through the recognition that in each moment, one is free to reinvent oneself. Accordingly, freedom to choose means that one is never static but instead an evolving work in progress (Schneider and May, 1995). This is important in the consideration of what is meant by the resolution of despair, as, as opposed to a medical or technical approach to resolving despair, involving a return from a pathological to a normal

condition or state (Burdy, 2008), this is in many ways an unearthing and uncovering of despair.

However, with an implication for the resolution of bad faith and in turn with implication for psychotherapy, we must note that this good faith may still be considered a mode of acting towards the impossible project of becoming a 'being-in-itself-for-itself' (1958: 567). In turn, Westland and Shinebourne (2009) note that despite the possibility of good faith, bad faith is at times inevitable in the humans' struggle with their unending freedom and resulting anguish.

In good faith, the individual takes charge of his own existence, accepting the lack of meaning yet defining his own meaning and focus. For Unamuno (1912: 19), this involves acting courageously with a 'tragic sense of life'. Therefore for Sartre, as opposed to living in bad faith, assuming responsibility and accepting the sense of incompleteness and the consequent experiences of anguish and despair is key (Deurzen, 1999). However we must note that this is contrary to the resolution of despair according to Kierkegaard (1989), which holds the possibility that through choosing oneself in eternal validity, one's despair may be resolved and a person may be saved from being in despair.

According to the writings of Sartre, Corey (2009) suggests that the central task of the therapist may involve facilitating the clients' recognition of how they have denied their choice and freedom. Further, this may involve encouraging the clients to take steps towards choosing for themselves. For Russell (2007: 111) suggests, 'we resent it when we don't have choice but we get anxious when we do. Existentialism is all about broadening the vision of our choices'.

Yalom (1980) considers the enabling of the client to begin to accept their freedom and resulting anxieties, to be the psychotherapist's main project. This is particularly important as despite the focus of the psychological literature on alleviating experiences of despair (Burgy, 2008), the writings of Sartre describe the possibility of the individual living in good faith and through this, approaching and in turn accepting feelings of despair. In turn, we may begin to understand that it is through this process that the client may begin to experience previously defended or unconscious despair; psychotherapy as an unveiling of the experience of despair. As for Sartre (1958), it is through this assuming of responsibility and accepting of our freedom that we can begin to live. This seems a particularly important aspect of therapeutic work with despair.

Having discussed the implications of the existential-phenomenological literature for the resolution of despair, with particular reference to psychotherapy, the following section will discuss the psychotherapeutic and forensic literature relevant to working with despair.

3.3 PSYCHOTHERAPY AND DESPAIR

The psychotherapeutic literature on despair in psychotherapy suggests an emphasis on the importance of exploring the possibility of despair because of its centrality and significance to the work (Lowery, 1984; Beck et al., 2003). And despite the consideration within much of the psychological and psychotherapeutic literature of despair as a specific, relatively rare pathology (Abramson et al., 2000; Burgy, 2008), Kierkegaard alludes to its commonality. For Kierkegaard, despair is experienced by 'everyone...except for the true Christian,' (Storm, 2010) a comment

which seems apposite with Beck's finding that despair is a common experience in the work for both client and psychotherapist.

It seems particularly important to explore psychotherapists' experience of working with despair as by its very nature, despair may be difficult to tolerate in another (Farber, 1968; Lowery, 1984). Yet in spite of the felt alienation clients in despair experience, those in despair speak of the importance of others who could be with them in their despair (Smart, 1997; Beck et al., 2003). In turn, the literature claims a particular importance from psychotherapeutic work with despair, in that despair may be seen to offer the 'double potentiality' for renewal and destruction (Farber, 1976: 70).

Despite its derivation from *therapeuin*, in general, definitions of psychotherapy tend not to focus on aspects of attendance and care and instead assume a therapeutic intervention in bringing about a positive outcome. This positive outcome is often seen to involve the alleviation of distress (Greenberg and Safran, 1987) and promotion of 'positive personality growth and development' (Wolberg, 1977: 3). In turn, within the psychological and psychotherapeutic literature, psychotherapy is often implicated as an appropriate treatment for patients in despair, in ensuring the patient's safety and promoting recovery from the despair (Burgoyne, 2008; Diamond, 2011).

This approach can be seen to be apposite with a psychological definition of despair, locating despair as an illness and a 'psychopathological' phenomenon (Burgoyne, 2008: 1), one emerging within the category of depression (Beck et al., 1974; Burgoyne, 2008) and inextricably linked to suicide (Abramson et al., 2000). This is also evident within the forensic literature, for example, where the Beck Hopelessness

Scale (Beck, 1963; Beck et al., 1974) is employed as an assessment of the client's despair, mostly used in the context of suicide as it is seen to tap into aspects of the phenomenon, which are associated with suicide (Towl and Crighton, 2002).

Burgy (2008: 1) puts forward an understanding of despair as a pathology, which is thought to provide a theoretical basis for the development of effective therapeutic interventions for despair. Therefore stating that, 'despair, thus, becomes a psychopathological key term through which access can be gained to the subjective experience of the depressive individual and which can provide the basis for promoting understanding and communication as well as developing successful therapeutic interventions'. In turn, a positivistic approach to research, often adhered to within psychological research, aims to discover natural laws so that people can predict and control events (Hayes, 2000). This positivistic view takes up a position contrary to phenomenology and the position of this research, both in terms of the existential-phenomenological definition of despair, but also in terms of the methods by which one approaches despair and the matter of psychological intervention for despair (Heaton, 2009).

This approach can be seen to be akin to that by which the forensic literature approaches despair in prison. Commonly considered as facilities to treat the mentally ill, prisons report increasing numbers of prisoners in need of psychological therapy (Ogloff, Roesch, and Hart, 1994; Huffman, 2006). A large proportion of prisoners are considered to experience high levels of psychological distress (Liebling et al., 2005; HMCIP, 2007). In turn, it has been suggested that within prisons, the rates of suicide and self-harm are well above average (Leese et

al., 2006; Liebling, 2007), with suicide completion rates five times that of the community (Fazel et al., 2005).

However despite recent reforms in the UK which have improved prisoners' access to many aspects of healthcare in corrective prison settings (Smith, 2000), access to the psychological therapies remains marginal, focused on crisis management and risk prevention (Towl, 2003). This may be seen to concur with the view within the forensic literature that despair is largely associated with suicide and self-harm (Toch, 1992) and seen to warrant attention through the risk it poses to prisoners in custody and the need to safeguard prisoners from this risk.

This is particularly evident in the *Caring for the suicidal in custody* document in the UK, Instruction to Governors (IG, 1/94, H M Prison Service, 1994), where the stated aims in the instruction stand to 'identify and provide special care for prisoners in distress and despair and so reduce the risk of suicide and self-harm' in prisons (Towl et al., 2002: 15). In turn, the UK HMP *Safer Custody Papers* outline the need for therapeutic work to support prisoners in alleviating despair, distress and out of control feelings, to prevent self-harm and suicide in custody (Safer Custody, 2010). The Safer Custody and prison strategies are based upon principles of primary, secondary and aftercare, of which psychotherapy is acknowledged to play a part in alleviating prisoner despair and distress. This is apposite to psychotherapy's acknowledged role in the prison in 'helping prisoners to see ways of better coping with their problems' as well as being an activity which aims to 'reduce isolation and depression and build self-esteem' (Towl et al., 2002: 15).

In comparison, as previously stated, a crucial point in Kierkegaard's account of despair is that as such, there is no therapy for despair (Theunissen, 2005). Heaton

(2009: 126) posits we cannot show a person how to ‘step out of despair’ as the person cannot understand what it is or recognise it as such, as it is the way he exists. Therefore, it is argued here that the use of coping and prevention techniques for the ‘management’ of despair is neither helpful to the despairer, nor can it be considered psychotherapy. For as Heaton states (2009: 126), ‘what is needed is to operate descriptively rather than prescriptively. In other words, we need genuine phenomenological insight into the matter, rather than interventions or interpretations based on a constructivist theory, and this includes, of course, a theory of despair.’

The following will present a review of psychotherapeutic work with despair as it is presented in the psychotherapeutic literature. In turn, this review will present three main themes; the psychotherapeutic response to despair (Richman, 1995; Beck et al., 2005), the struggle evoked in the psychotherapist working with a client in despair (Farber, 1968; Ziegler and McEvoy, 2000; Lowery, 1984) and the concept of hope in relation to psychotherapeutic work with despair (Weingarten, 2000; Flaskas, 2007a), which emerge from the psychotherapeutic literature on psychotherapy with despair. In turn, a discussion specific to psychotherapy and despair in the prison setting will take place. Throughout, a critique of the psychotherapeutic literature will take place both through the existential-phenomenological literature on despair and the therapeutics of despair according to the writings within the existential-phenomenological tradition, outlining again, the implications for psychotherapeutic practice.

3.3.1 Psychotherapeutic Response to Despair

For Tillich (1952), despair as renewing or destructive may depend on others' responses to it. From this, it is apparent that how psychotherapists respond or do not respond to a client's despair may have implications for the work. We may draw implications from Hegel's writings (1977a) for use of psychotherapy in facilitating an almost unreachable resolution from despair through the therapeutic power of language and talking. However Kierkegaard (1989), as previously discussed, questioned the usefulness of a confidant in relation to the despairer. Further, according to the existential-phenomenological literature presented, a resolution of despair is considered not in terms of the alleviation of symptoms but the permitting of an authentic relation to the self (Heidegger, 1962; Sartre, 1958) and in the case of Kierkegaard, through the divine Other (Berthold-Bond, 1998). The following discusses the therapeutic response to despair and how, according to the psychotherapeutic literature, one may usefully respond to a client in despair, with implications for practice.

In a summary of despair in psychotherapy, Richman (1995: 318) describes the components of despair as experienced by the terminally ill and 'other despairing people', outlining the implications for therapeutic response as explicated through the literature and his own personal experience. As despair is seen as being based on a quality of life that is deemed hopeless by the client, the therapeutic response may 'explore the patient's condition and situation with the goal of improving the quality. The therapist's hopeful attitude and acceptance of the patient are crucial'. For Richman, it is important that an exploration of the despairing feelings takes place in which the psychotherapist recognises despair and its associated feelings of hopelessness and worthlessness, as part of the essential human experience, not as a static mental illness or condition.

In turn, Richman speaks of the despair as involving social and interpersonal changes for the client, including increased family conflict and in turn, the avoidance of the patient by relatives and friends. The psychotherapist must hold this in mind whilst working with the client and through the work, may explore ways in which the client may re-establish their meaningful contact with others. The overall goal of therapy is to convert the despair into integrity and acceptance, allowing the client to move out of their despairing state to a place of psychological wellbeing (Erikson, 1950; Richman, 1995).

Despite Erikson's acknowledgement of despair as an essential part of human experience, the goal of converting despair into psychological wellbeing, hints not at the existential-phenomenological understanding of despair as a human experience, but more at the psychological view in which despair is pathologised and subsequently treated (Heaton, 2009). Further, this systematic view in which the goal of therapy is the alleviation of despair, differs from the existential-phenomenological approach, not only in the sense of resolution and the way this resolution is reached, but also in that such a solution for despair is considered in many ways as a beyond (Hegel, 1977a).

Particularly relevant to Pembroke's (2005) interpretation of Kierkegaard's rejection of superficial strategies for overcoming despair, Heaton (2009) suggests one needs to be mindful when applying therapeutic techniques when working with despair. He suggests that despite psychotherapeutic efforts, at times they act to intensify the feelings of despair alongside distancing despairing clients from the psychotherapist further (Beck et al., 2005).

In a study to delineate the participant's experience of despair, Beck et al. (2003), found that participants spoke of how when experiencing moments of despair, they found it helpful when their psychotherapist spoke words that resonated with them, as this reduced the feeling of isolation. The psychotherapist's ability to understand and relate to the participant's despair was deemed more useful to the participant than the wise words and theories that psychotherapists provided for understanding the participant's situation. Further, findings have shown that those in despair benefited from being with and talking with another, especially when they felt a sense of unconditional acceptance from the other (Smart, 1997).

A previous study carried out by Beck et al. (2005), which used the method of dialogal phenomenology to interview six psychotherapists as to their experience of working therapeutically with despair, suggested that psychotherapists developed therapeutic ways of responding to the despair. This varied from attempting to view the despair as an experience that may reflect a transition, to providing coping and management strategies. However the study also suggested that despite the psychotherapists' anxieties, which often evoked a desire to eliminate the despair, the work was viewed most successful when the psychotherapists were able to be present to despair as a necessary part of human experience.

Further, previous phenomenological research as outlined in Chapter 1, whereby eight psychotherapists were asked to describe their experience of working with despair, suggested that the psychotherapists involved in the study initially attempted to be with the client's despair, working to the client's pace and agenda (Gee, 2010; Gee and Loewenthal, 2011). The psychotherapists in the study deemed their ability to be with the client as the vital element in bringing about change and

enabling the client to tolerate their own despair. However, to work effectively with despair, the psychotherapists in this study also felt they had to maintain a certain degree of distance from the despair at times, to veer in and out of despair to allow objectivity and perspective. Further, the therapeutic response depended on the psychotherapist's understanding of the client's despair, context and personal resources. For as Beck et al. (2005: 200) outlines, each client encountered 'has a unique history and comes with no guaranteed map of how to proceed'.

Lowery (1984) and Goldberg (2000) reject a therapeutic intervention and advocate a response focused on the therapeutic relationship, one in which the psychotherapist stays with and helps the client locate their despair. It is through this meeting in which the psychotherapist ventures deeply with the client into their despair that the client may begin to feel heard and understood (Lord, 2008). This may be considered to be more apposite with a phenomenological approach to psychotherapeutic practice, one in which despair is not simply pathologised and treated therapeutically through specific therapeutic ways of responding, but instead located, permitting the possibility of an unlocking. It was in fact Heidegger (1962) who suggested that through this unlocking, as opposed to intervention, *Dasein* can strive for authentic being through the awareness and acknowledgment of its loss. For Lord (2008), the goal of therapy for the despairing client is concerned not simply with alleviation, but a Sartrean inspired process through which the client's despair is met and unveiled as an essential aspect of the human condition.

With regard to existential psychotherapeutic practice, Heaton (2009: 126) speaks of psychotherapy as an exploration of the individual client's despair, one in which the therapist gains 'genuine phenomenological insight into the matter' through listening

to and witnessing the client's despair. Here one seeks to understand the individual experience of despair within its context, speaker and intention. By becoming aware of the despair and the movements of existence that are blocked in it, the client may begin to relate to him or herself in a non-despairing way.

Despite the potential differences between existential and psychoanalytic practice, there is a degree of convergence between how the approaches suggest working with a client in despair. Safran (1999: 21) speaks of psychoanalytic practice with despair as a slow process, within which the analyst and patient 'wait' for something to emerge, whilst the analyst helps the client to share and express their feelings of despair without leaping in to interpret. In turn, the analyst seeks to understand the client's individual experience of despair. Through this exploration of the despair, the client may begin to acknowledge and own their despair. And further, the generalised, all encompassing feeling of despair the client experiences in isolation, may transform into a concrete feeling of despair associated with pain and unfulfilled yearning of which the client has previously remained unconscious (Safran and Muran, 2000).

Both the existential (Heaton, 2009) and psychoanalytic (Safran, 1999) implications for despair presented above, focus not on an alleviation of a state of despair, but through therapy, a gaining of awareness of the despair, enabling a non-despairing relation to the self. It is important to note that this therapeutic approach to despair, contrary to the approach stated by Richman (1995) implies a definition of despair as an essential human experience, one in which an unconscious state of despair, may become conscious through the process of reflection and exploration through therapy.

We see that throughout the psychotherapeutic literature regarding despair, there stands a general assumption that one can know another is in a state of despair. This may be considered akin to a scientific epistemology whereby a state of despair in another is observed and labelled. This stands contrary, in particular, to the writings Kierkegaard, for whom despair's outward appearance signifies very little. And although the writings of Heaton (2009) and Safran (1999) hint at an unconscious state of despair, the literature, which according to Kierkegaard (1989) reflects the common view, generally assumes that the person who is not aware of his despair, is not in despair (Richman, 1995; Lowery, 1984). This raises important questions for psychotherapy such as how the psychotherapist may come to gain knowledge of the fact the client is in despair, in its conscious or unconscious forms. As Heaton (2009) outlines, the existential-phenomenological tradition understands despair not as something out there to be apprehended and known but as a phenomenon, knowledge of which is gained by attending to human consciousness.

Having considered the therapeutic response and how according to the psychotherapeutic literature, one may most usefully respond to a client in despair, the following presentation of literature explores the struggle evoked in the psychotherapist working with a client in despair.

3.3.2 Despair and the Psychotherapist's Struggle

It is particularly important that one addresses the phenomenon of client's despair as it arises in psychotherapeutic practice, due to its problematic nature in the therapy, the struggle that it evokes in the psychotherapist and the resulting impact on the therapeutic relationship (Farber, 1968; Ziegler and McEvoy, 2000; Lowery, 1984).

Speaking of those who work with patients in despair, Farber (1968) posits that the psychotherapists themselves are often thrown into despair as their interventions appear to have no effect. As a result, the psychotherapist is left with the dilemma to either continue in their search for useful interventions, or to accept the patient's suffering and to be with the patient in this. This seems to hold similarities with Kierkegaard's (1989: 81) depiction of the despairer's confidant, led to 'death' by the consuming nature of the other's despair.

Ziegler and McEvoy (2000: 123) raise an important question with regard to how psychotherapists who experience despair when working with the client's despair are to help the client remain open to possibilities, when they themselves are unable to experience possibility. This may be reflected as the psychotherapist's 'impossibility to bring meaning to the meaninglessness' of the client.

However, Farber (1968) suggests that it is this shared emotional experience of despair that enables the psychotherapist to be with the client and will eventually allow for a positive movement in the therapeutic treatment. As Farber states, 'it is this despair that strips us of every prop and technical support of our profession, however through this we can approach genuine dialogue in the face of despair' (1968: 182).

Inherent in this conflict is a question with regard to the ways in which a psychotherapist could and should be present to a client in despair, despite the struggle the despair evokes in the psychotherapist (Adler, 1972; Lowery, 1984). The Beck et al. (2005) study suggested that despair brought trainee and experienced psychotherapist to a place of vulnerability, felt inadequacy and incompetence. In turn, psychotherapists often spoke of wishing to escape from the fear and confusion

evoked in the therapist, in particular when the clients were suicidal with despair. The findings suggested a client in despair asks questions of the psychotherapist that are, inevitably, unanswerable. Further, previous research identified that a client in despair challenges the psychotherapist personally and professionally, and initially it appears there is no clear way of responding to a client in despair (Gee and Loewenthal, 2011).

Lowery (1984) speaks of a struggle between the two poles of human response to another's despair which emanates from the psychotherapist's anxiety; responding by leaping in to intervene and rescue the other or the opposite, distancing oneself from the despair and in turn, the client. However previous work suggested that training and extensive experience of client's despair enables the psychotherapist to feel more comfortable working with a client in despair, although this is not to say the work is without anxiety (Gee and Loewenthal, 2011). Personal therapy and supervision were also considered to support the therapist in their work with despair.

A process of attending to the client's despair would seem to be particularly important when clients are suicidal, however as the anxiety of the psychotherapist grows, the psychotherapist may wrestle with arguing against the client's suffering and suicidal feelings, whilst feeling unable to promise the client a life without suffering (Linehan, 1993).

Heaton (2009) outlines the psychotherapist's professional responsibility when working with suicidal clients. As a matter of public interest, suicide has negative consequences for the client's family and friends, alongside potential legal consequences if the psychotherapist is shown to have been negligent in the work. In safeguarding one's own position, Heaton suggests that the psychotherapist must

point out to the client that the matter cannot remain private and must request permission to inform the client's GP who has a medical responsibility for the client. Further, these practical steps may support the psychotherapist in their anxieties, allowing them to maintain a focus on the therapeutic relationship and the client's subjective experience of despair.

However, if a psychotherapist is to attend to the client's experience of despair, it is suggested the psychotherapist must first gain insight into their countertransference reactions, impulses and anxieties, when working with the client (Lowery, 1984). From the perspective of psychoanalytic practice, Safran (1999) suggests that in order for the analyst to be able to tolerate the depths of the patient's despair, they must be able to tolerate whatever personal feelings of despair are evoked within them.

Safran posits that to achieve this tolerance of despair, firstly the analyst must gain familiarity with their own personal feelings of despair and develop a degree of empathy for themselves in their own despair. Safran considers this vital to effective work in psychotherapy, however refrains from suggesting how this may be achieved. We see further important implications for the psychotherapist working with a client in despair, given that the most common and entrenched form of despair is despair in its unconscious form; a form the psychotherapist may not themselves be aware of (Cooper, 1999). Must the psychotherapist first gain insight into his own despair before working with others in despair? Does the implication stand that the psychotherapist must first seek a cure to his own despair? Safran (1999: 6) suggests that without this familiarity with despair, the analyst may avoid the client's despair and instead engage in actions 'to take patient's despair away

through interpretation, consolation, hollow empathy, or reassurance' to the detriment of the work.

Safran (1999) also suggests that in refraining from the tendency to respond defensively to a client in despair, the analyst must develop tolerance for their own feelings of impotence as the therapist and to accept one's limitations as a helper. This is particularly important given that Kierkegaard (1989) posits that the despairer cannot have hope in the possibility of this help. As Bion (1970) outlines, the analyst's desire for mastery in the therapy may block the openness of mind necessary for perceiving the client's emotional truth that emerges through the work. In turn, Bird (2000) suggests, the psychotherapist needs to be mindful of their anxious need for certainty and in turn, understand the danger of applying theory and technique to the work. Through the rejection of intervention as such, Bird advocates the creation of an environment, which remains open to discovery and possibility in the therapy.

Having considered despair and the psychotherapist's struggle, the following will discuss the place of hope in relation to psychotherapy with a despairing client.

3.3.3 The Dialectic of Hope and Despair

As previously stated, the standard definition of despair is seen by Hawkins and Allen (1991) to involve a loss or absence of hope. However as was considered within the existential literature, despair is considered as a sickness of the self as opposed to a state of loss of hope (Kierkegaard, 1989). In fact, hope is seen to emerge only as associated with our finite possibilities; the lack of hope of anything beyond these possibilities (Sartre, 1970) and in this, the loss of hope associated

with not being able to die (Kierkegaard, 1989). In turn, within the existential-phenomenological literature, hope is not acknowledged as an aspect of the resolution of despair. For Kierkegaard (1989), as with Heidegger (1962) it is despair itself, which points towards a resolution in its quality as an essential prerequisite for the repossession of the self.

Hope is however considered particularly relevant to the psychotherapist working with a client in despair in the psychotherapeutic literature; in particular through the psychotherapist's maintenance of hope and a therapeutic balance when working with despair (Weingarten, 2000). The findings from previous work, where eight psychotherapists were interviewed as to their experience working therapeutically with despair, suggested that in preventing the despair from encompassing the psychotherapist, the psychotherapist must locate a therapeutic balance (Gee and Loewenthal, 2011). This would allow them to be with the client's despair, whilst also allowing a certain degree of distance from the despair, which may enable the psychotherapist to consider hope and to see the client's situation from different perspectives.

In psychotherapeutic work, whilst we may try to be present and bear witness to the client's despair, Weingarten (2000: 399) notes the importance also of 'doing hope', which refers to a shared sense of being with another in the overwhelming situation; a containment of the client on the part of the psychotherapist. Alongside exploring hope in the work, Weingarten (2007) speaks of the psychotherapist facilitating the client to explore what the despair is insisting they understand about their lives.

It is important to note that despite 'doing hope', Weingarten posits that the psychotherapist must refrain from responding to their own anxieties and thereby

intensifying the client's despair by leaping in for the client, asking questions and offering advice. Further, Weingarten suggests it is in these times of psychotherapist vulnerability that the questions asked, lack the complexity out of which something useful may emerge for the client.

Flaskas (2007b) speaks of the importance of the psychotherapist maintaining a balance between hope and despair. Flaskas suggests that this may enable the psychotherapist to be with the client in their despair without tipping the balance with the psychotherapist's own despair. Useful in maintaining a balance are the psychotherapist's 'personal and family experiences of despair' and 'personal repertoires of hope' (Flaskas, 2007b: 195). Through this concept of balance, Flaskas suggests we need to be open to what hope and despair may mean for the particular client.

Implicit in the writings of Weingarten (2007) and Flaskas (2007b) is the understanding that not only is there hope in a resolution of despair, but that there is potential to maintain hope as a psychotherapist on the part of the client. However as Heaton (2009) outlines, this fails to acknowledge that the client in despair may experience a loss of hope and loss of trust in possibility. Further in this, the client may despair 'of that which can save us from despair' (Heaton, 2009: 127). Working with the client who cannot be helped, it may be important to respect their loss of hope, without speaking of hope or holding hope for the client, which at this point may lead them to feel misunderstood.

Further, the suggestion of having hope in the face of one's own despair or another's is a contentious issue. Both Weingarten (2000) and Flaskas (2007b) seem to view hope not as an intrinsic human experience but something that one can do or

maintain. This holds similarities to cognitive behavioural therapy models which encourage clients to challenge negative thoughts and replace them with more positive thinking (Beck, 1995). However for Sartre, a hopeful stance in the face of despair could be considered to be in bad faith, from which any project of psychotherapy would aim to liberate clients (Yalom, 1980). To live in good faith, the ethical ideal, would involve not a false maintenance of hope and possibility, but an acceptance of one's responsibility and the consequent despair (Sartre, 1958). This point may be considered ever pertinent to the psychotherapist as well as the client, in that the psychotherapist too has the choice to acknowledge the client's despair, and potentially their own, or to respond in bad faith.

Having briefly considered the role of hope within therapeutic work with a client in despair, this final section will move on to discuss psychotherapy and despair in the prison setting.

3.3.4 Psychotherapy and Despair in the Prison Setting

This section stands not to suggest that clients in despair in prisons warrant a different psychotherapeutic approach or pertain to different issues. Nor does it intend to provide a review of forensic literature relevant to crisis intervention or management of clients at risk to themselves. It instead aims to present the literature which holds implications specific to prison psychotherapy and the psychotherapist working with despair in prison settings. And although the researcher acknowledges the vast literature on psychotherapy in prison therapeutic communities, as this project is interested in psychotherapy in corrective prison settings, the review of the literature will be limited to the corrective setting.

Psychotherapy is widely considered within the forensic literature as holding a useful role in the prison system, in supporting and helping prisoners who are experiencing psychological difficulties, work through and cope better with depression and associated feelings of despair and hopelessness (Jones, 2010). In turn, psychotherapy may be considered to allow prisoners to speak about their feelings and experiences, assisting in a crisis (Durcan, 2008). The importance of psychotherapy in prison is often acknowledged through the highlighted benefits of the supportive therapeutic relationship in the maintenance of health and psychological wellbeing in prison (Wills, 1991), and the reduction of distress and despair in response to stressful events experienced in prison (Snow, 2002). From this, we see that the model of psychotherapy in prison adheres to a psychological approach, where psychological difficulties and disorders receive an intervention and are subsequently resolved (Towl, 2003).

It seems important to briefly consider the context of the prison in which the therapeutic work is carried out. Haney (2005) argues that psychological and psychotherapeutic models applied to prisoners and imprisonment are largely individualistic in nature, despite the contextual revolution which has taken place within psychology. Further, the forensic literature sees context as central to psychotherapeutic work in prisons, with it being 'essential that therapists take such a contextual approach to their work in order to engage in a meaningful manner and increase the chances of meeting the needs of the prisoners' (Harvey and Smedley, 2010: 18).

Liebling and Maruna (2005) posit that psychological therapists should hold an understanding of imprisonment when working with prisoners, as well as being aware of the barrier the prison environment presents, such as security and probation protocols. Therapists should also be aware of the imbalance of power which exists between therapist and client, as well as the lack of trust the client may have for the therapist within this imbalance (Crewe, 2009). A contextual approach is vital in enabling the therapist to work within the broader prison system whilst allowing 'the therapist to depart from a solely pathological model of emotion and behaviour' (Harvey and Smedley, 2010: 20).

Further, within the UK corrective prison setting exist two opposing goals; the first punishment and the second rehabilitation (Cullen, 1997; Rawlings, 1999; Roberts, 1997; Doctor, 2001, 2007), which has implications for the effects of therapeutic efforts in the prison. Within this mixed economy of punishment and rehabilitation, often termed 'therapeutic' (Carlen and Tombs, 2006: 339), the punishing and suffocating carceral context decreases the effectiveness of isolated therapeutic interventions (Carlen, 2005). As Polledri (2011: 232) posits, 'the main obstacle in working as a psychotherapist in the prison, lies in the prison culture itself.'

This is associated with the dilemma of the prison in punishing prisoners (Roberts and Hough, 2005), and the provision of psychological therapies for the emotional needs of prisoners (Huffman, 2006). Wilson (2005) suggests the split enables the institution and public to perceive the criminals as victimisers, however as Sim (2009) posits, it also prevents an attendance to the reasons behind the criminal behaviour. As a result, it has been suggested 'that psychotherapy in prisons does

not and cannot work, that it may be an unethical endeavor, and that it should not be routinely practiced' (Schlesinger, 1979: 307).

Within a corrective prison setting, could it be possible for the world of the prison and the world of therapy to be anything but adversaries? Can a prison rehabilitate and punish at the same time? And what implications would this hold for despair, where the need to be with the other is considered paramount (Lowery, 1984; Goldberg, 2000)?

Huffman (2006: 326) concludes that although 'the punitive nature of prison pervades all interactions and the psychotherapist's ethical position is constantly challenged, psychotherapy in prison as a humane endeavour must continue. Therapists need to depart from an ideal therapeutic practice (Ulman, 2001; Siegelman, 1990), to concentrate on 'the quality of the therapeutic, dyadic attachment' (Huffman, 2006: 331).

However we see further issues raised for the psychotherapist working in the prison setting. For Toch (1992) the aim of the therapeutic effort in prison should be to facilitate the prisoner's psychological recovery partly through the development of skills to deal with distress and crisis feelings. However he suggests that within the therapeutic relationship, clients often present 'sicker' or 'healthier' than they feel, associating the therapy with a game, and with the prison game in general (Toch, 1992: 409). This is linked to the punitive aspects of the work such as the security reporting, fact gathering and safety protocol activities that prison staff, including psychotherapists, are often obliged to work to. Toch (1992: 409) suggests it is 'in this context that the shape of inmate concerns cannot emerge'. Toch states this has

particular implications for prisoners in despair, considering suicide, who are often seen to ‘debug’ and ‘divest themselves of bags’ when speaking to the therapist.

This has further implications in that Toch (1992) discerns the sick from the non-sick prisoner, with the former vulnerable to despair, whilst the latter is assumed equipped with resources to manage the difficult experience of prison. As stated previously, this raises the issue of how one could assess whether the client is sick, or in particular, in despair (Toch, 1992); an issue further compounded by the possibility of an unconscious despair (Kierkegaard, 1989).

Having considered the importance of context and some potential difficulties therapeutic efforts face in the prison context, a review relevant to working with a despairing prisoner will now take place. As previously stated, a definition of despair from the forensic perspective sees despair as a condition or state, closely associated with the ‘mental disorder’ known as depression (Towl and Crighton, 2002: 72), as well as the cognitions of worthlessness and hopelessness (Shuker and Jones, 2007). It seems that Toch (1992: 102) is alone in differentiating between a situational despair brought about by imprisonment and a despair which extends into the past and future. This definition, despite taking up a place more akin to the existential-phenomenological literature whereby despair is seen as inextricably linked with existence, is rarely acknowledged within the forensic literature.

Despair generally takes up a cause and effect type model, with despair as the effect of a cause, namely psychological stress (Cox, 1978; Power et al., 1997), poor adjustment (Clemmer, 1940; Cohen and Taylor, 1974; Coid, 1984; Towl, 1999;

Towl, 2000) and the experience of prison (Sykes, 1958; Mathieson, 1965; Nagel, 1976; Toch, 1992; Cooke, Baldwin and Howison, 1990; Palmer and Connelly, 2005; Digard, 2010). Prison in its proposed propensity to lead prisoners to feel resourceless, overwhelmed and lost, is often seen to produce a 'continuum of distress', with despair experienced when the prisoner's limit is surpassed (Backett, 1987: 219). However this is considered dependent on the 'transaction' between the individual and environment (Toch, 1992: 40). It is from the definition of despair that the forensic literature and subsequent implications emerging out of the literature for despair and psychotherapy in prisons proceed.

Haley (2010) suggests that enabling prisoner's to come to understand their difficult and often distressing narratives, is the main aim of the therapeutic work in prisons. It is through this that despair and distress will decrease, thereby reducing the prisoner's propensity towards future crime. Further, for Adshead (2010) therapeutic interventions in forensic settings should be aimed at managing the prisoner's despair, through a focus on damage limitation, alongside approaches to coping in the future.

Towl and Forbes (2002), delineate elements of good practice generalisable to those working therapeutically with prisoners who are experiencing despair, hopelessness and are facing suicide. They highlight the importance of one-to-one, as opposed to group intervention, in enabling a private, supportive context in which prisoners can speak of despairing feelings and suicidal thoughts. As Towl and Forbes suggest, the prisoner needs to talk, in-depth, to find out what is behind the profound despair. However they too suggest that the effectiveness of therapeutic intervention needs to

be judged, both at the level of process and content, and secondly at the level of skills and values of the therapist. This suggests that the way discussions are conducted is as important as the content of what is discussed.

Confidentiality and the limits to it are also considered key, as the therapist will be required to disclose under Safer Custody policies, if a prisoner is suicidal or suffering from acute despairing or depressive thoughts. In order to develop a good therapeutic relationship, the importance of making confidentiality clear to the prisoner, is considered paramount (Heaton, 2009).

Towl and Forbes (2002) also highlight the importance of the staff working with the prisoner having a good knowledge of the individual prisoner's situation and attending to the subjective experience of the prisoner. Despite the importance of prisoner's own subjective experience being insufficiently recognised (Medlicott, 1999), Towl and Forbes (2002: 97) suggest that the 'prisoners' own expertise on their situation is central in this process'. It is considered that prisoners should be asked to describe their account of what had led them to their current feelings. Towl and Forbes too posit the importance of context and in normalising the feelings of the prisoner, acknowledging the difficulties associated with the prison context for the individual prisoner. However contrary to a despair which is over the self (Kierkegaard, 1989; Sartre, 1958), in the forensic literature stands the inherent assumption that despair can be over something, and can cause the prisoner to experience despair.

When working with suicidal or despairing clients, Towl and Forbes (2002: 97) suggest that therapists have to be 'cautious when attempting to alleviate a prisoner's feelings of hopelessness and helplessness'. Here again the balance of hope and despair in the work is apparent. They suggest that discussing future plans and past brighter and more positive times of the prisoner's life, can be useful in acknowledging the prisoners capacity for future positive experiences. However it is important to note that this may contrast with their current despairing feelings in such a way that may throw the client deeper into despair. They state that distinguishing which areas of the client's life remain open to influence and change could be useful, however this could also highlight the lack of possibility for potential change. Therefore, therapy needs to, 'maintain a balance between a focus on the positive and the reality of the individual's current situation' (Towl and Forbes, 2002: 97).

However as discussed previously with the dialectic of hope and despair, the same inherent difficulties of promoting or maintaining hope in the face of despair are applicable here. In fact, Haley (2010) questions whether as a therapist in a prison setting, one should promote hope in seemingly hopeless conditions.

Towl and Forbes (2002) consider a non-judgemental attitude towards the prisoner's concerns, attitudes and feelings, paramount when working with despair in prison; as well as a genuine approach to understanding the prisoner's world from within their frame of reference.

Finally, we see throughout the forensic literature, psychological models of coping and

adaptation applied to the prisoner and the prison context. However although the literature acknowledges that prisoners suicidal with despair differ with regard to coping ability from prisoners who are not thrown into despair (Liebling, 1991), Towl and Forbes (2002) suggest that one refrains from applying this knowledge and instead focuses on the individual prisoner's experience.

With regard to despair, Wood (2007) sees the role of therapy as helping clients validate their own emotional responses to their experience; to recognise that it is natural to feel despair as a result of some of the things they have endured. The aim is therefore to help them locate these feelings appropriately and to learn to deal with them by developing coping and management strategies. This approach can be considered different from the more phenomenological approach advocated by Goldberg (2000) and Lowery (1984) where one attempts to listen to and be with the client in their despair.

The appropriation of coping strategies can be further considered a difficult task as it is pitted against long histories of severe abuse, violence and rejection and often exacerbated by the client's own violence. Wood (2007) highlights the importance of containing and tolerating the prisoner's emotions and acting out, as through the therapist containing and tolerating the offender's emotions, the client may come to understand it is possible for them to contain and begin to understand their own emotions (Bion, 1962; Winnicott, 1965).

This however, places demands on the therapist working in a prison setting, who must not only be able to tolerate the dominant emotions displayed and often projected onto

themselves (Klein, 1946) but also remain grounded and secure enough in themselves to be able to resonate emotionally with the emotions behind the presenting emotional expression of despair and the associated anger (Gabbard and Wilkinson, 1994; Money-Kyrle, 1956). The natural tendency for therapists, Wood (2007) suggests, when faced with another's potentially threatening emotions, is to respond and come to occupy the same internal emotional position as the prisoner (Ogden, 1979). However, this only serves to heighten the prisoner's anxiety as if the therapist cannot contain their emotions, it gives them a clear message that they are not containable.

The literature also briefly acknowledges the effect on the therapist of working with despair (Towl and Forbes, 2002; Adshead, 2001; Wood, 2007). Towl and Forbes (2002) suggest that the work, and the struggle the therapist is often left with, can be emotionally demanding. Further, Adshead (2001) highlights how in having to manage very difficult people with scarce resources, the therapist must somehow avoid falling into either angry despair or mindless optimism. Feelings of being 'unskilled' and 'unqualified' may emanate from the work and from this may emerge further feelings of 'frustration, anger, desperation or futility' (Towl and Forbes, 2002: 100). Self-reflection is therefore considered to be a vital element of the work. The literature also highlights the need for good supervision when working with despair to allow a space for the therapist to process the often draining effects of such work, such as feelings of misgivings about adequacy and competency, feelings of fear, hopelessness and the therapist's own despair (Haley, 2010).

Having considered a resolution of despair from the perspective of the existential-phenomenological literature as well as the suggestions and implications for

psychotherapy with despair from the psychotherapeutic and forensic literature, general conclusions will now be presented.

3.4 CONCLUSION

This chapter aimed to consider the therapeutics of despair both with regard to a resolution of despair as explicated in the existential-phenomenological literature (Berthold-Bond, 1998) and the process of psychotherapy with despair as discussed within the psychotherapeutic and forensic literature. In turn, a discussion specific to psychotherapy and despair in the prison setting has highlighted potential implications for despair and psychotherapy in the UK prison setting.

However, on reviewing the literature, a number of points of divergence have emerged between the existential-phenomenological school of thought, and the psychotherapeutic and forensic literature. With regard to the therapeutic resolution of despair, it seems that the existential-phenomenological literature begins at a potentially different concept of therapeutics, drawing on *therapeuin* as to serve or administer (Heaton, 2009). This is contrary to the psychotherapeutic literature which defines therapeutics as associated with the treatment of states or disorders such as despair. Inherent in this assumption is psychotherapy as an intervention of treatment promoting positive outcome (Wolberg, 1977; Greenberg and Safran, 1987) and potentially the management or treatment of despair (Burgoyne, 2008).

As a result, the psychotherapeutic literature's concern with the treatment or alleviation of despair assumes a definition of despair as a state, illness or pathology

(Burgy, 2008), associated with disorders such as depression and other mental health issues (Beck et al., 1974; Burgy, 2008). Therefore, within psychotherapy, the causes of despair are often explored (Richman, 1995) and coping, management strategies are developed for dealing with the cause of despair as well as the resultant despairing feelings (Erickson, 1950; Richman, 1995; Burgy, 2008; Adshead, 2010). This need for psychotherapy in the promotion of despair alleviation and management is considered particularly important in prisons, where the need to safeguard prisoners from self-harm and suicide is a matter of policy (Towl, 2003).

This is contrary to the existential-phenomenological literature, which on describing despair as ultimately over the self (Kierkegaard, 1989) and occurring from man's struggle with existence (Kierkegaard, 1989; Heidegger, 1962; Sartre, 1958), posits a resolution accordingly. Despair is considered not as something to be managed or treated, but as something which may be resolved or unlocked, permitting an authentic relation to the self, and a facing up to mortality. It is through this despair or willing not to be oneself, that points towards a cure and in being ready for anxiety, pushes the individual towards taking repossession of the self (Heidegger, 1962) and accepting the consequent despair (Sartre, 1958).

The resolution of despair may therefore be seen to occur through the transition to reason (Hegel, 1977a), faith (Kierkegaard, 1989) and the renunciation of an inauthentic state (Sartre, 1958; Heidegger, 1962). Despite this review presenting implications of these existential-phenomenological writers, which emerge largely from the existential literature, Kierkegaard himself questions the possibility of a

therapy for despair (Theunissen, 2005). And in permitting a true relation to the self, Kierkegaard's advocates speak of a therapy for despair, not in terms of alleviation of symptoms but enabling a phenomenological exploration of despair where the client can gain awareness of the despair and the movements of existence that are blocked in it (Nordentoft, 1978; Heaton, 2009).

We do, however also see potential points of convergence. Heaton (2009) speaks of psychotherapy with the client in despair as a dialogue through which a remedy is possible. Only through operating descriptively, may psychotherapy lead to a greater understanding of the despair and the movements of existence blocked in it (Deurzen, 1999; Heaton, 2009). This adheres to a phenomenological exploration of despair, as opposed to its treatment and is particularly apposite to the writings of Kierkegaard in the rejection of 'strategies' for overcoming despair (Pembroke, 2005: 65). A phenomenological approach is also supported by Lowery (1984) and Goldberg (2000) who suggest an approach in which the therapist attempts to help the client to locate and speak of their despair.

Tentative suggestions drawn from this chapter stand that a resolution of despair requires phenomenological insight, and the rejection of intervention, interpretation and a constructivist theory (Heaton, 2009). However this chapter has also acknowledged the difficulty of not only facing another's despair, but also one's own.

This chapter has presented a discussion on the therapeutics of despair as outlined in the existential-phenomenological literature and its implications for psychotherapy, as

well the psychotherapeutic and forensic literature. The following chapter will now consider methodology, including how the research area is to be researched, how such decisions were arrived at and the implications of despair for such a project.

CHAPTER 4 RESEARCHING DESPAIR: ‘METHODOLOGY’

4.1 INTRODUCTION

This chapter will consider ‘methodology’ which, within research is defined as ‘the study or theoretical analysis of the method’, according to the *American Heritage Dictionary* (Pickett, 2000). For Silverman (2000: 99), ‘methodology defines how one will go about studying any phenomenon’ and refers to the choices underpinning the research design, including methods of data gathering and analysis. Similarly, Somekh (2006) speaks of methodology in terms of the principles which govern and justify the research approach as being appropriate for the research question. However this study acknowledges that methodology within research is something more than definitions pertaining to the study of the method.

According to Carr (2006: 422), ‘methodology cannot be derived from research but instead has to be grounded in that form of *a priori* theoretical knowledge usually referred to as ‘philosophy’’. As a result, methodology stands in relation to philosophy, with methods justified through methodology, which emerge out of philosophy. Craig (2002) states how philosophy is not easily or usefully defined, but is most readily considered as the study of the fundamental nature of knowledge, reality and existence. In turn, it is concerned with epistemology, or the branch of philosophy concerned with the nature and scope of knowledge; ontology defined as the philosophical study of the nature of being, existence and reality and ethics, which may be considered as involving questions dealing with human morality. Sub-fields, such as logic and metaphysics also exist within the fields of philosophy,

however this study will take up a philosophical position in relation to epistemology, ontology and ethics in the study of despair.

With regard to how one comes to take up a particular standpoint with regard to methodology within psychological research, Carr (2006) acknowledges that it is derived from a theoretical position taken up by the researcher regarding the nature of being, alongside the epistemological position regarding the type of knowledge sought through the study. Accordingly, phenomenology was chosen as the place from which this study begins, initially, in that it rejects the concept that information about objects in the external world is reliable and focuses on the phenomenon as experienced (Fouche, 1993). Therefore, this study considers phenomenology as the starting point for researching despair, with the methodology and subsequently the research methods informed by phenomenology, as opposed to the application of phenomenology to methodology and method. In turn, the consideration of philosophy relevant to research methodology will run throughout this chapter.

This project aims to carry out a methodological study through an exploration of how psychotherapists experience working with clients in despair, in a UK prison setting with a twofold focus, as previously stated. The first is the phenomenological project, which aims to carry out a phenomenological analysis of the data collected, with an initial analysis by an empirical phenomenological research method (EPA), and a secondary analysis of the data by *reverie*. The second is researching phenomenology, which will attempt to problematise notions of phenomenological research through contrasting the initial and secondary analysis of the data.

Importantly, it will attempt to explore the possibility of a phenomenological approach to research, through an exploration of despair within psychotherapy in prisons. As will be further developed in this chapter, the writings of Merleau-Ponty are associated with the notion of possibility; both through his phenomenology which attends to notions of the between, and through the possibility of his phenomenology as a method of enquiry (Bourgeois, 1996). In fact, for Heidegger (1962), phenomenology can only be understood through seizing it as a possibility.

Possibility lies in the fact it may not be possible; a lack of guarantee which opens up and closes off the futurity of the future (Heidegger, 1962). Kierkegaard speaks of possibility as associated with dread and the freedom of dread which hinders possibility (Friedman, 1991). In managing the dread, which may be considered as the terror of realising the infinite unknown, the reaction is often to close down or refuse our choice or possibility through reaching for that which is finite or known (Friedman, 1964).

This reaction can be seen within the positivistic, scientific framework which contrary to phenomenology, begins at a different place with regard to ontology and epistemology, views reality as something out there to be apprehended (Denzin and Lincoln, 2000). In fact the framework assumes that the world as experienced is made up of generalities which may be identified, controlled and measured through methods of quantification to produce universal statements, applicable to the larger population. This is also the case in psychological, quantitative and even some qualitative research where the objective is to produce 'quantified and normally generalisable conclusions' (Bell, 1991: 5), used to develop models and theories

pertaining to the phenomena under study.

However despite the acknowledgement that phenomenology takes up a very different position to positivistic methodology, current ‘phenomenological research methods’ within the field of psychological research, adopt a quasi-positivistic approach, in that the formulation of phenomenological research methods is broadly empirical, systematised and psychologise the notion of phenomenology. It is through this, that this chapter and study as a whole, will put forward a case for developing phenomenology in researching the phenomenon of despair in a way that remains open to phenomenology as explicated within philosophy, as opposed to phenomenology as a ‘method’ as outlined by those such as Giorgi (1985). For this reason, and as will be discussed in greater depth in the following sections, the phenomenology of Merleau-Ponty (1962) is considered as holding important implications for the methodology of this study.

This chapter will initially consider the phenomenological project, describing why a qualitative approach to researching the phenomenon was deemed suitable for this research. In turn, the next section will attempt to consider what might be meant by both ‘phenomenology’ and ‘phenomenological research’, drawing particular reference from the works of Merleau-Ponty (1962, 1964) and outlining why his phenomenology was a starting point for this research.

The third section will provide a critical approach to researching the psychotherapist’s experience of working with despair in a UK prison setting, outlining the specific implications of despair for research. In particular,

epistemological and ontological questions and questions of ethics will be raised, exploring for example, the nature of despair, how one gains knowledge of despair and the issues of unconscious despair. Further methodological questions will be raised such as the psychotherapist's struggle with despair and the potential implications with regard to the participant's ability to speak of their experience, as well as the participant's and researcher's defended anxiety.

Finally, the phenomenological project within the research, including the initial analysis by EPA and secondary analysis by reverie, will be discussed. Specifically, the question will be raised through this research, as to whether reverie can enable us to remain more open to what may emerge through the dialectical relationship between person and world (Merleau-Ponty, 1962). In turn, the initial and secondary analysis will be used to problematise notions of phenomenological research and to develop an approach to research through the notion of reverie.

4.2 QUALITATIVE PARADIGM

The aim of this project lies in exploring the possibility of a phenomenological approach to exploring how the psychotherapist experiences working with despair in a UK prison setting. A qualitative phenomenological approach was viewed relevant with regard to the '*a priori* theoretical knowledge' that Carr (2006: 422) refers to, with particular reference to researching the phenomenon of despair, the latter of which will be discussed in greater detail within this chapter.

Guba and Lincoln (1994) distinguish between the paradigms of positivism and interpretivism. Positivism, the philosophy underling quantitative, scientific methodologies, holds the belief that knowledge may only be secured through demonstrating its correspondence with direct, measurable experiences or observed events. Within quantitative research in the social sciences, there is also an attempt to unearth the definitive and discover objective data as a means of contributing to knowledge and the generation of truth.

However, as stated, this project is interested in the possibility of a phenomenological approach to research. In turn, it is important to note that the founding necessity of possibility is not synonymous with the guarantee of a stable foundation such as knowledge, as it is possible because it is potentially not possible. In turn, 'to preserve possibility *qua* possibility is not to cut its ties to the impossible and, by not cutting these ties, to risk not gaining the ground it promises' (Marder, 2005: 7). Research grounded on positivism fails to take this risk and instead is found grasping at finiteness which potentially involves a refusal of our choice for possibility (Kierkegaard, 1957). This seems particularly important considering that Marder (2005: 7) suggests that 'possibility must be literally won over, salvaged from the equally destructive and sometimes conflicting demands of systematisation, free-floating thought, and the external pressure of tradition'. For this research, this suggests that on preserving the possibility within this project, an alternative to positivism is required.

The alternative position of interpretivism, which is a philosophy fundamental to qualitative research approaches, investigates subjective experience in a way, which

is meaningful for the individual participants (Corbin and Strauss, 1998). According to epistemological questions within interpretivism, knowledge is not based on observable phenomenon or measurable experiences but on subjective experience, including beliefs, values, reasons, and understandings (Guba and Lincoln, 1994). In turn, experience may be considered as, ‘the source of all knowing and the basis of behaviour. Experience, what we are aware of at any point in time, is the foundation of our knowledge, of ourselves, of other people, of the world in general’ (Becker, 1992: 11). The above would suggest that if one chooses to ignore experience within research, this would be to abnegate the ultimate source of knowledge (McCall, 1983).

The epistemological position of qualitative research can therefore potentially be understood through the acknowledgement that the data one wishes to discover, is concerned with lived experience. Further, this would suggest that in gaining knowledge of a phenomenon, such as the psychotherapist’s experience of working with a client in despair in a UK prison setting, we must return to the experience of the phenomenon. Giorgi (1975, 1985) highlights the need, in research, to gain descriptions of the phenomenon as experienced if one is to understand the experience as lived. For this research, this would suggest the research method chosen must allow the researcher to engage with this population in collecting data about the phenomenon.

However, if we take articulation and description of experience to be a fundamental source of knowledge, a question is raised with regard to the treatment, in research, of this experience. As stated above, qualitative and quantitative methodologies can

be seen to begin at a potentially different place, as even in the consideration of human experience, quantitative research looks to find measurable aspects of the experience, 'to quantify that experience and to know if that experience is right or wrong' (De Castro, 2003: 46). It is however argued that this approach is reductionistic in that it acts only to close down and distort the experiences we attempt to understand, through measurement and quantification (Van Kaam, 1966).

Qualitative research on the other hand, is concerned with exploration in its aims to 'realise new insights' (Kvale, 1996: 100) and 'multiple realities' (Voce, 2004: 3). In fact:

Experience is never limited, and it is never complete; it is an immense sensibility, a kind of huge spider-web of the finest silken threads suspended in the chamber of consciousness, and catching every air borne particle in its tissue.

(James,
1984: 52)

This interest in new insights and the never complete seems important for research, particularly in that research often aims to take hold of something, and confirm it as a finding, emerging out of study. This then raises a question about how we can stay with our interest in insight, as opposed to results. Further, we may ask how we can attempt to be open to experience as never complete, for example, within this research.

It is argued here that qualitative research may hold the possibility for exploring a phenomenon as opposed to creating a distortion by determining its meaning and measurable aspects. Therefore, it is this project's acknowledgment of the incompleteness of experience and in turn its concern with the exploration of the phenomenon of despair within psychotherapy, which seemed apposite with qualitative research's exploratory aims.

Further, with regard to ontological concerns, the qualitative paradigm rejects the view that reality is something out there which can be easily accessed, and subsequently grasped (Denzin and Lincoln, 2000), and acknowledges reality as intricate, dynamic and continually interpreted, constructed and deconstructed by people in their social interactions (Voce, 2004). This seems similar to this project's understanding of despair not as something out there which we can gather data on and know, but as that which presents itself and can be understood only by attending to human consciousness. As a result, the qualitative paradigm rejects the concept that information about objects in the external world is reliably apprehended, for a focus on the phenomenon as experienced (Fouche, 1993).

Within the qualitative paradigm, phenomenology, in the study of things or events in the everyday world (Becker, 1992), may be viewed as a direct challenge to quantitative research in that it, 'claims to have a comprehension and understanding of the experience of the human being from consciousness and the standpoint of the human being who is having the experience' (De Castro, 2003: 46-47). Giorgi (1985) suggests that phenomenology provides a method of exploring experiences without trying to distort them. Further, apposite with the aims of this research,

phenomenology does not seek unified meanings and patterns within the text but instead allows for discoveries; 'a disciplined spontaneity' (Giorgi, 1985: 4).

Having said this, this project does not view phenomenology simply as the study of consciousness as implied by De Castro (2003) above, but it embraces the phenomenology of Merleau-Ponty (1962, 1964), the implication of which will be outlined in greater depth in the following section. According to Cayne and Loewenthal (2007: 204) Merleau-Ponty acknowledges intersubjectivity as the meeting point between experiences, which neither assimilates, nor rejects the other but holds 'a tension between'. In turn, it is suggested that meaning in research may be seen to emerge in this between (Merleau-Ponty, 1962) as a product of the relationship between researcher and researched. However, attending to what emerges in this between requires us to attend to the saying as well as the said, questioning the ability to gain a fixed meaning of the phenomenon and highlighting the instability of language (Loewenthal and Snell, 2003).

Acknowledging this instability, Denzin (1994) highlights the importance of the qualitative approach in its ability to attend to the tensions, contradictions and hesitations which define the field. Cayne (2005) too highlights that it is through these essential tensions, that the essence of the phenomenon may emerge. Through the rejection of systematisation, the rejection of pressures of tradition and an attendance to these tensions, can this research remain open to possibility? It was considered that only through qualitative enquiry, which attempts to make space for possibility and the emergence of something else, that one could begin to hear something important about the phenomenon of despair.

Phenomenology and its appropriateness for this study will now be discussed in greater depth.

4.3 PHENOMENOLOGY

This section discusses phenomenology and will consider in-depth why phenomenology, and particularly, the phenomenology of Merleau-Ponty (1962), was the starting point for the methodology of this study.

Phenomenology may be defined as ‘a low-hovering, in-dwelling, meditative philosophy that glories in the concreteness of person-world relations and accords lived experience, with all its indeterminacy and ambiguity, primacy over the known’ (Wertz, 2005: 175). Mittal (2010) speaks of how phenomenology stands at the edge of an abyss, gazing into the primordial, yet mysterious basis of human existence, in an attempt to explore how we connect with and understand the world. On approaching the phenomenological project, Merleau-Ponty (1968: 3) suggests ‘if we ask ourselves what is this we, what seeing is, and what thing or world is, we enter into a labyrinth of difficulties and contradictions’. For Mittal (2010), phenomenology therefore, through the attempt to address the nature of existence, leads to the difficulty of linguistically modelling an already-given reality as well as the struggle with the enigmatic notions of objectivity, subjectivity and intersubjectivity. However despite this, it is suggested that through phenomenology, we can begin to return to our primitive and direct connection with the everyday world.

As mentioned previously, phenomenology offers an important shift from the quantitative cause and effect approach, to one of human subjectivity and discovery of the meaning of experiences as lived; a shift acknowledged by the researcher as paramount in gaining knowledge of the phenomena (Giorgi, 2009). Here, we must note that Heidegger (1962: 72) rejects the scientific reification of experience and Being, which takes 'life' as an object to be studied, in favour of an approach through phenomenology. In turn, both Heidegger (1962) and Husserl (1960, 1970) refer to Ancient Greek philosophy and the purified enquiries into existence, which on enabling subjective first person experience to emerge, remain untainted by an objective, dogmatic, scientific approach which ultimately acts only to threaten the progress of science. It is through the rejection of scientific methodology, that phenomenology emerges with a focus on lived experience.

For Merleau-Ponty phenomenological epistemology is therefore 'anti-reductionist and anti-naturalistic':

Scientific points of view, according to which my existence is a moment of the world's are always both naive and at the same time dishonest, because they take for granted, without explicitly mentioning it, the other point of view, namely that of consciousness, through which from the outset a world forms itself around me and begins to exist for me.

(1962: ix)

As a result, scientific schematisations are seen as abstract, derivative and to close down possibility. Therefore, according to Merleau-Ponty (1962: ix), to return to the things themselves, one must return to the world of experience as lived; a 'return to that world which precedes knowledge, of which knowledge always speaks'. This seems ever associated with Gadamer's writings on methodology and method within which he suggests that the experience of truth transcends methodological knowledge (Risser, 1997), raising further questions about how one can navigate research without adhering to the concepts of methodology and method. Can research begin at a place which rejects scientific points of view, enabling a return to the world of experience as lived?

Phenomenology may be seen to reject third-person scientific, theoretical analysis whereby the subject becomes an abstracted other (Mittal, 2010) and the results offer a limited and inadequate account of the self and its connection with the world. With this understanding brings the significance of the first person perspective and non-empirical exploration of silenced phenomenon as, as Merleau-Ponty (1968: 4) suggests, 'it is the things themselves, from the depths of silence, that it wishes to bring to expression'. For Mittal (2010: 3) the focus of phenomenology then becomes clear, 'to salvage the humanness out of rational inquiry'. Thus it is only through phenomenology and the non-empirical study of experience, that philosophical knowledge and inquiry can develop (Husserl, 1960).

The following will consider the transcendental phenomenology of Husserl (1960, 1970), as well as hermeneutic phenomenology through Heidegger and Gadamer, in

beginning to consider these different philosophical perspectives and the potential implications for this study. In turn, the phenomenology of Merleau-Ponty (1962) will be outlined.

4.3.1 Transcendental vs. Hermeneutic Phenomenology

Phenomenology in the study of transcendental phenomena aims to return to the things themselves by concentrating on the detailed description of the thing as it appears to us through our conscious experience, without recourse to explanation and metaphysical assumptions (Husserl, 1970).

Husserl, founder of the 20th century school of phenomenology, drew on and developed the work of Brentano (Moran, 2005). He was influenced by the Cartesian *cogito* and primacy of conscious thought, believing that consciousness signified the universal and sole medium of access to reality and therefore the core of human experience and existence. Thus a classical Husserlian ‘transcendental phenomenology’ (Lavery, 2003: 26) was developed on the notion that there is validity and significance to eidetic phenomena and as such, the possibility of establishing an objective study of the realm of consciousness (Husserl, 1960).

According to classical transcendental phenomenology, a key focus of phenomenological investigation is the lifeworld (*Lebenswelt*) (Husserl, 1970), which comprises the world of objects around us, as we perceive them (Finlay, 2008). The lifeworld may be defined as the world that is lived and experienced pre-reflectively, one ‘that appears meaningfully to consciousness in its qualitative, flowing given-ness; not an objective world out there, but a humanly relational

world' (Todres et al., 2006: 55).

Within the lifeworld, a person's consciousness is always directed to an object in or about the world and is always consciousness 'of' something (Finlay, 2008: 2). Intentionality therefore refers to a fundamental directedness with an active and directing ego or subject (Mittal, 2010). Thereby, a central doctrine of Husserl's phenomenology is the thesis that consciousness is intentional, implying that all perceptions have meaning (Owen, 1996). Husserl adopted the concept of intentionality for understanding conscious mental acts (Moustakas, 1994). Every intentional act has noetic and noematic content; the noetic content is that which gives meaning or sense to the act whilst the noema is the object of the act (Moran, 2005). As a result, this suggests that to return to the things themselves, we must engage with the meaning of the thing as well as the modes by which we become conscious of the thing.

It is important to note that Husserl (1931) distinguishes between the natural standpoint and the phenomenological standpoint. In order to adopt a phenomenological approach, one must set aside the natural standpoint, which is our ordinary everyday, un-examined way of experiencing the world, for a phenomenological standpoint in which the special viewpoint is achieved by focusing not on things, but on our consciousness of things (*Science Encyclopedia*, 2010). This can be thought to enable a deferral, as although the direction of intentionality can be seen as consciousness of something, the phenomenological attitude may be considered to enable a space for the possibility of something to emerge.

One arrives at this phenomenological standpoint by way of a series of phenomenological reductions (Husserl, 1960). The first reduction is that of bracketing, which is the putting aside of our judgments, assumptions and theories. Within the phenomenological project, Husserl (1982: 44) asks us to follow the ‘principle of all principles’, rejecting our naive judgments and presuppositions and regarding each original intuition with equal importance and legitimacy. Zahavi (2003) suggests this reduction towards the phenomenologically given, needs to take place in order to avoid ontological presuppositions, enabling a suspension of automatic positing, and attendance to its mode of givenness. The reduction is therefore not a negation, abandonment or expulsion of the transcendental world but according to Husserl, an approach in which the true sense of the world can be disclosed:

What must be shown in particular and above all is that through the epoché a new way of experiencing, of thinking, of theorising, is opened to the philosopher; here, situated above his own natural being and above the natural world, he loses nothing of their being and their objective truths.

(1970: 151-152)

This does not suggest we erase our presuppositions or turn our attention away from the phenomenon but enable an attempt to examine them in a new light; to ‘parenthesise’ and thereby ‘provide with an index’ (Husserl, 1982: 171). In fact,

Zahvai (2002) suggests that the reduction acts to enlarge one's sphere of experience as opposed to closing it down. Applied to research, the process of bracketing involves the researcher being aware of their own assumptions and theories, attending to what lies within the brackets first, to allow a focus on how the phenomenon is experienced by the participant, in gaining knowledge of the phenomenon (Spinelli, 1989).

In turn, within the phenomenological inquiry, one describes the intentional objects of consciousness (Mohanty, 1989). Phenomenology is descriptive and the return to description 'excludes equally the procedure of analytic reflection...and that of scientific explanation' (Merleau-Ponty, 1962: ix). Transcendental phenomenology does not reject analysis, but posits that initially one should obtain a rich, textured description of human experience and that any analysis should follow on from this description.

The second reduction eliminates the empirical content of consciousness and focuses instead on the essential features and meanings of consciousness. This refers to the method of eidetic reduction in which the phenomenon as experienced in the everyday world, is reduced into its essential structures through imaginative variation whereby the researcher alters aspects of the experience through imagination (Polkinghorne, 1989). In turn, the phenomenological task is to describe the intentional objects of consciousness from within the perspective of the phenomenological reduction (Giorgi, 1997).

Laverty (2003) suggests that whereas the transcendental phenomenology of Husserl

focuses largely on epistemological questions for example the relationship between subject and the object, Heidegger and his hermeneutic phenomenology raises ontological questions concerning the nature of reality and being. Accordingly, hermeneutic phenomenology's concern lies in illuminating aspects of experience which are often taken for granted, in enabling an understanding of the experience and meaning of experience as lived (Wilson and Hutchinson, 1991). Although this holds similarities with transcendental phenomenology, Heidegger (1962) focused not on understanding phenomenon as such, but instead focused on *Dasein*; the existence or situated being of a human in the world.

Importantly, consciousness, for Heidegger (1962) cannot be considered separate from the world and therefore can only be considered through an understanding of the individual's situatedness in the world (Koch, 1995). If consciousness cannot be separated from the world and we are subject to our own historicity, can one's background ever be made completely explicit, as through an attempt at bracketing?

For Heidegger interpretation is central within phenomenology as 'every encounter involves an interpretation influenced by an individual's background or historicity' (Lavery, 2003: 9). Hermeneutics is therefore an interpretive process (Annells, 1996) that concentrates on the historical meanings of experience (Polkinghorne, 1983) in locating intended or expressed meanings (Kvale, 1996). However for Heidegger (1962), given that one's historicity cannot be separated or partialled out, one must acknowledge and account for their interpretive influence.

Similar to Heideggerian thought around the inseparability between language and

human understanding, Gadamer (1960: 389) writes of how 'language is the universal medium in which understanding occurs. Understanding occurs in interpreting'. Therefore interpretation occurs not simply from the text, but through the interplay and fusion between interpreter and text (Polkinghorne, 1983). However through this, we may challenge whether a definitive interpretation, for example, within this research, is ever possible (Annells, 1996). Further, this would suggest that attempts at bracketing are not only impossible, but also senseless.

Cayne (2005) asks whether it is possible to remain open to the differences within phenomenology, between the transcendental and hermeneutic? This suggests a movement away from the polarised approach to conceptualising different theoretical concepts, and towards a coming together of difference. Further, this seems apposite to Merleau-Ponty's (1962) view which suggests a simple differentiation between transcendental and hermeneutic phenomenology to be naive. Can we consider transcendental and hermeneutic phenomenology not as alternatives but as complementary aspects within phenomenology, which can be considered and held concurrently? And further, can the phenomenology of Merleau-Ponty (1962) attend to this tension, enabling an openness towards the differences between, in research?

4.3.2 Phenomenology of Merleau-Ponty

Busch and Gallagher (1992: 3) suggest that Merleau-Ponty was influenced by Husserl's insight concerning the existence of an interpretational schema operative in consciousness, as well as by Heidegger's hermeneutic theory. In turn, they describe how, 'Merleau-Ponty proposed a hermeneutical theory that identifies the

embodied subject as the seat of interpretation’.

However, with regard to Husserl, Lanfredini (2011: 313) suggests that Merleau-Ponty’s epistemology ‘sets a limit’ and sees a different orientation on aspects employed in the phenomenological epistemology of transcendental phenomenology, in particular with regard to the notion of bracketing. For according to Lanfredini, Merleau-Ponty’s phenomenology is not bracketing off the natural stance, ‘has the aim to recover and preserve the natural stance, as well as a space for the pre-categorical thought, within which the consciousness, by its nature and genesis, inhabits’ (Lanfredini, 2011: 314). Lanfredini suggests that Merleau-Ponty understands naturalisation and the natural stance to follow different routes. Naturalisation implies the translation of something derivative and secondary in something considered epistemologically basic and grounded. This is contrary to the natural stance which ‘reveals the necessity of an immersion in the broad context of nature’ (Lanfredini, 2011: 314), vital for an authentic full account of the things phenomenology attempts to describe. Further, according to Merleau-Ponty, the exclusion of the natural stance within phenomenology, alongside the suspension of the natural attitude, leaves the phenomenon a disembodied object, drained of content and depth.

For Husserl (1960, 1980), despite his acknowledgement of the lifeworld and aspects of intersubjectivity (Zahavi, 2000), the phenomenological reduction involves a parenthesising of the natural attitude. However Merleau-Ponty (1962), questioned the denial of the natural character of consciousness in the philosophical project. Lanfredini (2011) notes a change in paradigm from a Husserlian

phenomenology, which involves a disentangling of the subject from world, to an approach to phenomenology according to Merleau-Ponty, which immerses the subject in the world.

With this, Lanfredini (2011: 315) suggests that for Merleau-Ponty there stands ‘no absolute priority’ for an objective reality of the subject. This is evident through a critique of extreme objectivism and extreme subjectivism including the Cartesian *cogito* and the idea that the subject can be independent of, or separate from the world. Meaning thus emerges between differing worldviews and is inseparable from subjectivity and intersubjectivity. It is argued here that this intersubjectivity or inter-experience is central to phenomenology and an integral part of why phenomenology, and more specifically Merleau-Ponty’s (1962, 1964) phenomenology is the approach chosen for this project. In fact for Merleau-Ponty:

The world is inseparable from the subject, but from a subject which is nothing but a project of the world, and the subject is inseparable from the world, but from a world which the subject itself projects. The subject is a being-in-the-world and the world remains ‘subjective’ since the subject’s movement of transcendence traces its texture and articulations out.

(1962: 430)

In acknowledging intersubjectivity as paramount in phenomenology, Lanfredini (2011: 7) argues that Merleau-Ponty rejects the ‘perspective that privileges the

external frame of the experience, for the perspective which fills the frame with content'. Further, he suggests that the phenomenological description rather than merely disclosing subjectivities, reveals aspects of the intersubjective. For Merleau-Ponty (1962), the subject, by way of its historicity, realises itself in its presence to the world and in relation with others. This was considered to hold particular importance for the methodology in this study in attempting to gain a description of the phenomenon as well as an understanding of the relationship between experience and world.

However, the question emerges as to whether bracketing and the reduction, as suggested by Husserl, are paramount to the practice of phenomenology or whether they simply reveal a commitment to a sense of Cartesian foundationalism? Bracketing is often considered important in phenomenological research in enabling research to remain open to whatever may be revealed without closing down possibilities; to be astonished by what is disclosed (Heaton, 1994). Heidegger (1962: 150) spoke of 'a fore-having, a fore-sight, and a foreconception' as choking possibility, by the imposition of past bonds but also through collapsing the difference between question and answer. However it is suggested here that the phenomenology of Merleau-Ponty may hold the resources to overcome this externality and prejudice 'by re-claiming its 'fore-conceived' but blocked possibilities' (Marder, 2005: 3).

It is important to note that Merleau-Ponty (1992) wrote about the impossibility of ever achieving a complete bracketing of the natural attitude. However, contrary to the stark differentiation made by Lanfredini, Merleau-Ponty's work is also seen to

argue the fact that in gaining an understanding of the world, we first need to break with our familiar acceptance of it (Zahavi, 2000). For Tugendhat (1970), it is through the phenomenological reduction that Husserl enters the dimension of being-in-the-world, which raises further questions as to whether our being-in-the-world presupposes the phenomenological reduction.

Zahavi (2000) suggests that the subjectivity disclosed through phenomenology is an open world relation, understood within the context of meaning we are situated in. Therefore, the phenomenological reduction does not reject our being-in-the-world in favour of pure consciousness, but enables us to ‘make those intentional threads that attach us to the world visible, by slacking them slightly’ (Zahavi, 2008: 665). This would suggest that in order to gain knowledge of the world, we must make an attempt at suspending our presuppositions which take the world for granted.

We must also consider how according to Busch and Gallagher (1992), Merleau-Ponty detoured from the hermeneutical tradition by showing that the human body acts as both an interpretational constraint and an enabling condition. The meaning of the world is therefore not constituted on the model of a textual reading, but the body schema both encodes and decodes the world as a meaningful structure, as ‘being-in-truth is not distinct from being-in the world’ (Merleau-Ponty, 1962: 395).

Can the implications of Merleau-Ponty’s phenomenology facilitate a two-directional movement, which enables both a turn away from and a return to the world (Heinämaa, 1999)? An approach is required which enables one to be astonished by what is disclosed, whilst holding an awareness of intersubjectivity

within phenomenology; one which enables possibility. For as Cayne (2005: 114) argues, ‘the relational as ethical cannot occur outside the historicity of ontology or the ontological in intentionality and we cannot position ourselves in the pre-ontological, non intentional’. Can an ethical methodology therefore arise through a meeting between our being-in-the-world and consciousness?

Despite the issues raised around phenomenology in research, it is argued that the consideration of these differences and discontinuities opens up new areas of interest in both phenomenology and research. Further, the phenomenology of Merleau-Ponty is itself concerned with these kinds of discontinuities as:

In order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it and, also, from the fact that from this break we can learn nothing but the unmotivated upsurge of the world.

(1962: xiv)

This idea is seen to reject a simple dialectic between the objective and subjective (Davey, 1997), requiring us to hold ‘a tension between’, remaining open to possibility and difference (Cayne and Loewenthal, 2007: 204). Can phenomenology’s interest with the paradoxical nature of the world facilitate an attempt to hold the tension between seemingly contradictory ideas such as that between transcendental and hermeneutic phenomenology at the methodological level and the relationship between researcher and researched at the practical level?

Merleau-Ponty's (1962, 1964) phenomenology was seen as offering a meeting point between transcendental and hermeneutic phenomenology, in particular as Merleau-Ponty calls for the kind of relationship where meaning emerges between differing world views, at the same time as recognising the way historicity informs consciousness. In fact, it is through exploring how historicity informs consciousness, inscribed as we are with our own histories and cultures, that Pak and Timothy (1998: 1) suggest 'therein lies the possibility'. The researcher acknowledges that as we cannot escape the problems of existence and consciousness, they can but be held in tension so that we stand a chance of recognising when the other is reduced to our own understanding.

Having discussed the phenomenology of Merleau-Ponty (1962), the following section will now discuss phenomenological research in exploring how the psychotherapist experiences working with despair in a UK prison setting.

4.3.3 Phenomenological Research

Marder (2005: 1) explains how the existential possibilities of phenomenology are never distilled in a pure form from the impossible: 'Only in and as the impossible does something like the (always impure) possibility of possibility arise and open up the dimension of futurity'.

In fact possibility lacks the guarantee which opens up and closes off the futurity of the future (Marder, 2005). For Heidegger, (1962: 329), the impossible often alludes to death and *Dasein*'s finite existence that 'does not have an end at which it just

stops'. Kierkegaard (1944, cited in Friedman 1964: 371) speaks of dread as the fear of realising the infinite unknown as, 'it is only when we can face that which we fear most that we can truly learn and learn to speak from our experience, but first we must allow possibility which, 'corresponds precisely to the future''.

For Kierkegaard (1957) it is this fear and dread that thwarts possibility, as the space left open and the suspension which arises, may be experienced as a death. However in remaining open to possibility, this research requires an approach through phenomenology which can remain open to aspects of dread and death; to hold these ideas in tension whilst refraining from closing down and thwarting possibility.

The 'phenomenological method', as Moustakas (1994: 13) cites Giorgi, attempts to explore the meaning of experience assuming human experience to be a valuable source of knowledge and positing that we can learn about the nature of an event through experience. Through returning to the phenomenon of working with a client in despair in a UK prison setting and obtaining a description of the phenomenon as lived, Caelli, (2000) suggests we may begin to understand the essential features of how psychotherapists experience working with despair.

However as stated previously, the phenomenology of Merleau-Ponty (1962, 1964), which may be considered to offer a coming together between transcendental and hermeneutic phenomenology, holds important implications for phenomenology adopted by this study because of its concern with intersubjectivity as the meeting point between experiences. In turn, this project acknowledges the need to approach

researching phenomena differently, in enabling the research to remain open to emergent possibilities through the relationship between person and world.

As stated previously, this phenomenological epistemology assumes that knowledge of the phenomenon cannot be apprehended neatly, but may be considered to emerge in this between (Merleau-Ponty, 1962), as a product of the relationship between researcher and participant (Barclay, 1992; Schutz, 1967). However this too requires not a rejection of transcendental phenomenology but an openness and consideration of it alongside our being-in-the-world, holding the two in tension. May an attempt be made to remain open to whatever may be revealed through the research, without closing down possibilities; to remain astonished at what is disclosed (Heaton, 1994)? Dahlberg et al. (2001) suggest an openness to the phenomenon where we express sensitivity and flexibility in how we listen to and understand the phenomenon as it is spoken of. It is suggested here that only by beginning at this place, will we allow the phenomenon to present itself to us. In fact, the specific implications for researching despair and in particular the ways in which phenomenology is outlined by Merleau-Ponty (1962, 1964), seemed apposite with the existential-phenomenological conception of despair as considered in Chapter 2.

Merleau-Ponty (1962: xiv), who calls our attention to the importance of intersubjectivity, speaks of the 'essence', not as a final truth but a 'means'; a possibility arising through the possibility of the impossible. This seemed apposite with the researcher's aims in realising new insights and dimensions from an exploration of the client's experience, to facilitate the emergence of all of the actual 'living relationships of experience' (Merleau-Ponty, 1962: xv). Further this can be

seen to offer a space for the unknown and enigmatic without closing down emergent possibilities through the fear of dread and the need to locate an empty answer. Phenomenology, therefore, remains unfinished and is always underway (Merleau-Ponty, 1962).

As a result, alongside and through its proposed capacity to remain open to possibility, the phenomenology of Merleau-Ponty (1962, 1964) is considered appropriate for this study because of its concern with intersubjectivity as the meeting point between experiences. Other qualitative approaches were considered, however deemed inappropriate for this study, partly because of their lack of capacity to address aspects of intersubjectivity.

Firstly, heuristic research, with its focus on investigating human experience, aims to discover the nature and meaning of experience (Moustakas, 1994). However essential to the method is the self of the researcher, as the method is referred to as a process of internal search (Moustakas, 1990). This method was deemed inappropriate as whilst heuristic research requires the researcher to be clear about their own investment in the research, it incorporates the experiences of the co-researchers, alongside the experience of the researcher into a creative synthesis. As a result, this incorporation of the data may be seen to validate the position of the researcher as opposed to discovering the different, unique meanings of the experiences of the participants. This was considered contrary to allowing research to remain open to possibility.

Grounded theory was also rejected as the research method for this project. Whilst methodological choice of grounded theory can be directed to three main versions (Glaser, 1978; Strauss and Corbin, 1998; Charmaz, 2009), the researcher focused on what Babchuk (2009: 8) terms ‘classic grounded theory’ as explicated by Glaser (1978) when deeming the suitability of grounded theory for this research. Classic grounded theory was initially considered to suit the purpose of the study in its aim to examine the experience of individuals and look at whether or not any conclusions could be drawn from the data. However within classic grounded theory, a series of categories are formed from the data, which are the basis for the creation of a theory (Glaser and Strauss, 1967). It was felt that the aim in the generation of theory from the data, failed to meet that of the researcher’s aim in that this research is more concerned with the exploration of new possibilities as opposed to a creation of theory. In turn, grounded theory was considered problematic without at least a process for considering the researcher’s own prior assumptions and understandings and how this may influence the research (Baker et al., 1992). Further, the meeting point between the researcher and the participant’s experience is not considered significant in grounded theory, as it is for this research.

Phenomenology, with a focus on the relational is therefore seen as the starting point for this research. However it may be argued that the abundance of phenomenological research methods, which aim to focus on participant’s lived experience (van Manen, 1997), often stand contrary to phenomenology in that they are broadly empirical, systematised and psychologise the notion of phenomenology, as considered in further detail within this chapter.

Further, methods such as Empirical Phenomenological Analysis (EPA) and Interpretative Phenomenological Analysis (IPA) tend to polarise the relationship between researcher and researched's experience in research, between transcendental (Husserl, 1960) and hermeneutic (Heidegger, 1962) phenomenology. However this study, drawing on the work of Merleau-Ponty looks to develop a phenomenological approach, to research in remaining more open to what may emerge through the dialectical relationship between person and world (Merleau-Ponty, 1962) and in doing so, to remain open to both transcendental and hermeneutic phenomenology.

Here it also seems important to note that for Gadamer, phenomenology and hermeneutics are not a problem of method, or in this case, research methodology. For example, Bernstein (1985: 180) states that Gadamer, 'sought to show that the humanistic tradition, properly understood, is an essential corrective to the scientism and obsession with instrumental technical thinking that is dominant today'. One can observe this dominant technical thinking, through the current movement in producing research methods, such as grounded theory, that one can apply objectively in gaining knowledge of the phenomenon as experienced (Silverman, 2000).

Risser (1997: 105) on describing the importance of experience, states that 'genuine experience precedes the methodical process that produces scientific knowledge. Furthermore, the account of experience has shown itself to hold within itself a conception of knowledge that is likewise independent of the methodological procedure of modern science.' This questions the position of dominant research

methods within qualitative research as for Gadamer (1960), truth cannot be understood through scientific method. Therefore despite the consideration of alternative methodologies within this research, the researcher held in mind that truth in research may be considered to transcend the limits of methodological interpretation (Wiercinski, 2009).

In turn, despite beginning with the method of EPA to analyse the interviews, the implications of reverie will be outlined in enabling the research to remain open to this between. In turn, an attempt to compare the phenomenological research method of EPA and the approach through reverie will be made. Further the development of reverie in research will consider whether this is possible without closing reverie down to a 'method'.

Having discussed why a phenomenological approach and in particular, the phenomenological approach of Merleau-Ponty, was considered the philosophical starting point underpinning the 'methodology' of this research, the following section will consider the implications of despair and despair and psychotherapy, for researching the phenomenon.

4.4 DESPAIR AND THE IMPLICATIONS FOR RESEARCH

Chapters 2 and 3 considered the literature on existential-phenomenological thought with regard to despair and subsequently, the therapeutic resolution of despair. Despair has emerged a complex phenomenon, of which its outward appearance bears nothing but a superficial view (Kierkegaard, 1989). Despair, it was suggested,

is not something which one can gather data on its outward aspects but can instead be understood only by attending to human consciousness (Heaton, 2009). Further, despair within the existential-phenomenological literature, contrary to its depiction within schools of psychology, psychoanalysis and the forensic literature, was seen as associated with the concept of self; ultimately over the self (Kierkegaard, 1989). In turn, it is seen to emerge as a 'perpetual search for strategies', through which man attempts to ameliorate the futile internal division characteristic of being human (Berthold-Bond, 1998: 35), occurring from man's struggle with existence (Kierkegaard, 1989; Heidegger, 1962; Sartre, 1958). Finally, and potentially most importantly, despair is seen to emerge in both unconscious and conscious forms, rejecting the premise that the person who doesn't feel or think he is in despair, is not in despair (Kierkegaard, 1989).

Through Chapter 3, we see the emergent divergence between the treatment of despair within the psychotherapeutic literature and despair as something which may be unlocked, permitting an authentic relation to the self, in the existential-phenomenological literature. However, what else emerged from this chapter was the struggle evoked in the psychotherapist, 'led to death' by their client's despair (Kierkegaard, 1989: 81). This was alongside the potential difficulty of facing one's own despair in the work (Farber, 1968).

In order to research despair, and the psychotherapist's experience of working with despair, these aspects need to be considered. Initially, the implications of epistemology, ontology and the ethical will be raised, followed by the implications of methodological issues for researching despair.

4.4.1 Despair, Epistemology, Ontology and the Ethical

This project is concerned with developing a phenomenological approach to research through which we can attempt to think about how one can develop knowledge of the phenomenon of despair within psychotherapy in the UK prison setting. As stated previously, epistemology is concerned with beliefs about knowledge, such as, what can be known as well as being concerned with the grounds on which knowledge is legitimised. As a result, the implications of despair for epistemology, the concern of which lies with the nature and scope of knowledge, may be considered paramount.

Despair within the existential-phenomenological literature is associated with the self, which is a self not restricted to a fixed, known process or entity but through the understanding of the self as a relation which relates to itself (Kierkegaard, 1989). Despair is therefore not something that can be isolated and subsequently known, but is associated with the self and human consciousness; unique and subjective. This seems particularly important given that for Kierkegaard (1941), truth can only be reached through subjectivity, rejecting empirical, objective approaches to gaining knowledge of the phenomenon: ‘Truth is not something you can appropriate easily and quickly....It is a sheer illusion to think that in relation to truth there is an abridgment, a short cut that dispenses with the necessity of struggling for it’. Therefore it is argued here that an approach to researching despair is required, which rejects the dominant empirical standpoint (Schon, 1992).

In turn, contrary to the psychological and forensic literature which adopts an empirical approach to the study of despair, the existential-phenomenological implications for researching despair suggest that despair must instead be considered as that which presents itself and can be understood only by attending to human consciousness. Hegel (1977a) rejects the imposition of abstract formalisms, for an attendance of how despair presents itself through consciousness. In gaining knowledge of the phenomena in this study, experience is therefore considered an important source of knowledge.

As discussed previously, positivism and in turn scientific analysis, understands that knowledge, which is 'accurate' and 'certain', can be described in a systematic way. Within this, the role of research is considered to be to 'scientifically explain/describe, predict and control phenomena' (Voce, 2004: 3). Subjective experience, however, is neither objective nor replicable and fails to meet the criteria for data in scientific study (Putnam et al., 1993). Further, the study of consciousness and associated phenomena, stand contrary to the positivistic, scientific worldview. For Harman (2008: 103), a phenomenological epistemology must be 'radically empirical' in that it will make use of subjective and intersubjective experience as opposed to being limited to physical data which fails to address human experience: 'Thus, consciousness is not a 'thing' to be studied by an observer who is somehow apart from it; consciousness involves the interaction of the observer and the observed, or if you like, the experience of observing.'

This is not an empirical, objectified experience, which can be systematically tested and becomes an abstract formalism, but a subjective experience and interaction.

However Sandberg (2005) explains that despite the acknowledged disparity between phenomenological study and empirical epistemology, empiricism is often still used to justify the knowledge produced within phenomenological research, despite the fact that empirical criteria fail to embody any relevance to the findings from phenomenological approaches. Therefore, despite the concepts of empiricism, rigour and science being used alongside phenomenological research, these are to be considered redundant with regard to this study, in that it is argued that method fails to capture human experience, acting only to take the researcher further away from what they were attempting to remain open to (Gadamer, 1960; Levering, 2006).

In its aim to explore the multiple realities and subjective meanings of despair in psychotherapy in a UK prison setting, this study rejects a scientific approach and adopts an interpretivist paradigm as previously outlined. This suggests that knowledge is based on subjective beliefs, values and understandings as well as the intersubjective (Silverman, 2000). The researcher's discussion on the theoretical lens of this study in Chapter 1 therefore seems to tie in with the understanding that psychotherapeutic research is a subjective practice, which always starts off from a particular set of beliefs and understandings.

Further, it acknowledges reality as socially constructed by and between the persons who experience it (Gergen, 1999), shaped by the cultural and historical (Darlaston-Jones, 2007). This seems to hold similarities with the recognition of Kierkegaard (1941) that knowledge cannot be considered separately from the knower, as reality is based on subjective, individual understandings and experience of the world

(Berger and Luckman, 1966). The reading of this thesis will then be inextricably related to the reader, as opposed to being something that can be read as such.

Knowledge therefore becomes concerned not simply with the meaning people make, but also the ways in which people make meaning (Harman, 2008). Can we approach researching the phenomena of despair in psychotherapy in UK prisons in a way that attempts to remain open to despair as a subjective experience, subject to personal meanings, understandings and culture? This is particularly relevant to a Kierkegaardian conception of despair whereby the empirical, scientific data on despair, such as its outward appearance, is seen as contributing little, if any significance to our knowledge of despair (Kierkegaard, 1989). Further, the unique, subjective experience of the despairer as it unfolds through consciousness is the authority by which we can attempt to understand something of despair in psychotherapy.

Psychotherapeutic research according to Sousa (2004) also raises important questions around the relationship between researcher and researched (Polkinghorne, 2000; Elliott, 1995). Merleau-Ponty (1962, 1964) rejects an objective reality where knowledge can be apprehended through empirical scientific methods. For Merleau-Ponty (1962) meaning emerges not from a subject independent from the world, but between differing worldviews whereby subjectivity and intersubjectivity come together. Further, in this project, the intersubjective is considered a vital source through which knowledge of the phenomenon such as despair in psychotherapy is developed.

Harman (2008) suggests an approach in which a detached, analytic understanding of experience is rejected for an understanding of experience through the inter-experience between the researched, researcher and the phenomenon. This suggests the researcher does not stand as a competent investigator in the uncovering of knowledge but instead is a person willing to be profoundly moved through the process of exploration. This seems akin to Hollway's (2011) writings on the need for a new epistemology, which in her view, far from being tainted by positivism, uses the researcher's reflexivity as a research instrument. However the researcher also holds in mind that the concept of 'researcher as a research instrument', which calls for procedural guidelines to define its approach, is inextricably caught up within positivism, and stands far from the phenomenology of Merleau-Ponty.

Here a discussion of the existential-phenomenological notion of an unconscious despair also warrants attention. For Kierkegaard (1989) despair is seen to emerge as a state one is in, even when one isn't overtly in despair. In fact, it is according to Kierkegaard, that the common scientific view overlooks this covert and potentially unknown despair. A scientific paradigm in gaining knowledge of the phenomenon may therefore be considered to overlook the experience of despair through observation, testing and quantification. This research is interested in the experience of the psychotherapist working with a client in despair, and thus this raises the question of how research can remain open to the client's conscious and potentially unconscious despair, as well as the unconscious despair of the researcher, in gaining knowledge of the phenomenon.

Hollway (2009), for example, suggests the need for observational methods to prioritise the non-verbal and unconscious communication within research. Further, Stern (1985: 138) speaks of the need for communion rather than communication, with research remaining open to what occurs outside of awareness, so that one can attempt to ‘get inside of other people’s subjective experience’. This highlights the importance of attending to not just what is said, but the way in which it is said, through an attentiveness to particular aspects, such as the modes of speech and dynamics of the relationship. The need to remain open to what may be unconscious through the capacity for reverie is also highlighted with regard to the observational methods of Rustin (1989), holding important implications for this study.

Further, in the researcher’s understanding that one must break with a scientific epistemology in hearing something unknown, something different, something which suggests possibility, this then raises the concern of whether an unconscious despair can be explored in research without making it a known entity.

However, in many ways, the study of the meaning of human existence precedes the debate on building scientific knowledge (Merleau-Ponty, 1962). Heidegger (1962) moves away from the epistemological view, with a greater focus on ontology, as the knowledge of the object becomes superfluous if it is through *Dasein* that the issue of being arises. This may be considered important, as despair, not a thing or diagnosis, is a symptom of the spirit, a sickness of our very being (Hegel, 1977a; Kierkegaard, 1989). Is it through our being, and being-with in research, that something of an unconscious despair can begin to emerge?

Merleau-Ponty's (1962) phenomenology, bridging the gap between transcendental and hermeneutic phenomenological, was considered important here in enabling a move away from empirical phenomenology, which according to certain perspectives, follows in the footsteps of science (Giorgi, 1997). This can be considered to enable something different or unknown to emerge, through the potential dialectic of our consideration of bracketing off presuppositions and/or attending to aspects of intersubjectivity. Can research remain open to another kind of thought where 'we discover an unknown quality through its relation with known ones' (Merleau-Ponty, 1962: 178)?

Within this project the findings are not concerned with an objective 'truth'. However this standpoint is considered contrary to empirical research whereby the truth is reached through quantitative criteria consistent with suppositions underlying quantitative approaches. For as Kierkegaard suggests:

For objective reflection, truth becomes an object, and the point is to disregard the knowing subject (the individual). By contrast, in subjective reflection, truth becomes personal appropriation, a life, inwardness, and the point is to immerse oneself in this subjectivity.

(1999: 58)

As above, Merleau-Ponty (1962) too questioned how a theory of truth could account for knowledge and subsequently rejected the Western philosophical notion of truth for an emphasis on human experience. By attempting to attend to subjective

and intersubjective experience in research, may we uncover not a truth but the opportunity for possibility and unique, context specific understandings such as that of psychotherapy with despair?

This also raises questions with regard to how we treat the data of a project such as this in ensuring that the findings do not become a body of knowledge and in turn a theory constructed to explain, predict and control how the psychotherapist experiences working with despair in a UK prison setting. This is particularly relevant for the phenomenon of unconscious and conscious despair, which as a unique experience associated with the self, one can only begin to gain knowledge through the study of consciousness and the inter-experience between client and therapist or researched and researcher. Can an approach to research lead to an opening up of the space between rather than concocting a story to fit a particular epistemology (Cayne and Loewenthal, 2004)? And can any knowledge gained from this study be considered not as the end point or conclusion but as never complete and ever continuing (Merleau-Ponty, 1962)?

Finally, this raises the question of the ethical and its relation to epistemology and ontology. It is to note that for Levinas (1984), the ethical precedes ontology with the ethical relationship guiding us to responsibility and to the other in a way that cannot be pre-ordained. Through this, Levinas (1996: 86) rejects totalising claims and resists activities to systematise and categorise, which he claims fail to capture 'the hither side of Identity'.

Levinas's thought may be considered to originate from Husserl's transcendental

thought but through questioning intentionality, moves into Heidegger's hermeneutics and again beyond this (Cohen, 1998). In fact, Ethics then precedes ontology as one cannot make pre-ordained decisions such as to how to be, for example, in this research, as despite the face of the other calling to us, a response is required which is not posited on a theory such as that of ontology (Levinas, 1984).

For Levinas (1997), epistemological questions are raised because knowledge is seen as emerging out of ethical relationships. This, according to Clegg and Slife (2005) is very different to approaches to research which are associated with gaining knowledge on the phenomena and subsequently proving something about it. Levinas suggests the other remains mysterious and unknown, and yet it is out of this encounter with the other, through the ethical relationship, that calls for an ethical epistemology as opposed to a method which adheres to empty systematisation and categorisation.

Further, it seems that our need to understand the other must be put aside if we are to truly understand the others' experience, without distorting or reducing it. In turn, as our understanding is always beyond and is only ever provisional and incomplete (Levinas, 1997) research needs to be presented in such a way to reveal the fluidity and incompleteness of the data.

The ethical, considered pre-ontological is therefore seen to emerge through the ontological (Levinas, 1961). Does ethical relating break through the hermeneutic, as involving one's own historicity, seen to emerge in relationship with the other? Can the intentional, the ontological and the ethical be separated and if so, does this

separation require an act of bracketing, enabling the ethical to break through, or is it when we notice how our own historicity is called into question through disruption that the ethical breaks through. Or are these all possibilities? It is suggested here that these questions can be held in tension as ethical methodology may arise through a meeting between our interest in knowledge, our being in the world and our ethical relating with others.

Having considered the epistemological, ontological and ethical implications, the specific implications for methodology regarding the nature of despair and in particular, its anxiety-evoking nature will now be discussed with specific considerations for the research method.

4.4.2 Despair and Methodology

The phenomenology of Merleau-Ponty (1962) was viewed as having an important implication for methodology in this study, in enabling an approach which through intersubjectivity could offer the possibility for the researcher to remain alive to the experience, both of the researched and of what is occurring in the between.

According to the existential-phenomenological and the psychotherapeutic literature, the despairer's despair evokes a struggle in the confidant, and in this case the psychotherapist, affecting the therapeutic relationship (Farber, 1968; Ziegler and McEvoy, 2000; Lowery, 1984). A client in despair is often seen to strip the therapist of prop and support (Farber, 1968), creating both vulnerability and anxiety (Beck et al., 2005). Further, questions are raised with regard to the therapist's ability to be present to the client's despair, given the struggle evoked within themselves and the urge to escape the confusion and fear (Beck et al., 2005). From

this, the nature of despair in the therapy may hold important implications for this research exploring how psychotherapists experience working with despair.

This methodological issue was located within the previous research where on listening to the participants describe how they worked with the despair, the researcher became aware she felt she heard aspects of the client's anxiety that at times the participants did not seem to be aware of (Gee and Loewenthal, 2011). In turn, she became aware of what she termed a resistance from certain participants in speaking of the phenomenon; of staying with the topic of despair. Yet, engaging with EPA, the researcher, despite acknowledging her own intentionality in the process, attempted to attend to the participant's description as much as was possible.

However this failed to take into account the researcher's experience of what was said and how it was said. In turn, it was often not through the participant's description itself, but by something emerging through the unsaid, the slips and the way of saying, that the researcher felt as if she had heard something important about the phenomenon. Therefore through the focus on the participants' descriptions, the researcher too became aware of what had not emerged through the research method. In turn, the researcher acknowledged the need to approach researching the phenomenon of working with a client in despair, through phenomenology, differently.

Psychoanalysis considers unconscious dynamics as a product of the attempt to gain mastery over anxiety (Rycroft, 1968), which emerges from the infant's dependency on caregivers in reducing states of internal tension arising largely from the infant's

biological helplessness (Emanuel, 2000). Freud (1926) differentiates between signal and automatic anxiety, with signal anxiety seen to facilitate the establishment of the ego's defensive precautions, with the aim of avoiding the trauma in the future and automatic anxiety viewed as arising through the fear of dissolution.

Similarly, Laplanche and Pontalis (1988: 48) refer to anxiety as, 'the subject's reaction each time he finds himself in a traumatic situation - that is each time he is confronted by an inflow of excitations, whether of external or internal origin, which he is unable to master'. The anxiety, which is experienced through an increase in tension both in the body and mind, is seen as providing a signal which enables the possibility for defensive action against the perceived threat to the ego (Rycroft, 1968). This raises potential questions as to whether this experience of inwardly directed vigilance fueled by the fear of dissolution, may have created the resistance noted in researcher and researched in the previous research, which in many ways, disabled the participants from speaking openly of their experience. This is particularly important as the underlying anxiety can also be seen to be intensified when a repressed experience is in danger of breaking through to consciousness (Malan, 2001).

In research, Hollway and Jefferson (2000) describe a defended subject with a dynamic unconscious, which defends against anxiety through the adoption of protective discourses. The defended behaviours are grounded in Klein's ideas about anxiety being a fundamental characteristic of human experience, initially identified by Freud as resulting from the conflicted nature of the human psyche (Hollway and Jefferson, 2000). Anxiety for Klein (1935, 1952), acquired a depressive character, associated with the equilibrium between life and death instincts and emotional pain.

In turn, the concept of the defence mechanism can be defined as unconscious psychological strategies which influence behaviour and relations, mobilised to cope with reality and to defend against anxiety, created through threats to the self (Banicki, 2007).

This seems particularly important for this research, as a reason for researching despair was its anxiety-provoking nature for the psychotherapist. Therefore by asking the questions we ask, we ask participants to speak about often distressing experiences, producing the anxiety one wishes to explore as part of the research (Hollway and Jefferson, 2000).

Further, according to Hollway and Jefferson (2008: 298), the starting point of qualitative research remains that the participant is a transparent expert on his/her experience and can accordingly 'tell it like it is'. Within phenomenological methods, through the examination of intentional descriptions of participants, one aims to bring to understanding, the meaning of the phenomenon for the participant (Taylor, 1980), as previously introduced in the implications for epistemology. However also intrinsic within phenomenological research methods is the understanding that the participant has insight into their own experience and therefore to learn about the phenomenon as experienced by the participant, we must ask the participant to describe their personal meanings of the phenomenon. However through the concept of this defended subject, we may consider that participants may refrain from speaking of some experiences and may be incapable of understanding others. Accordingly, the researched's defences hold the potential to affect the meanings available in the research and their conveyance to the researcher, who too is potentially a defended subject.

Post-modernism, beginning at a place which also challenges this modernistic stance, questions the participant's ability to speak of the phenomenon openly. As Loewenthal (2007: 222) states, 'respondents operate like movie directors: they are editing, have biases, can toe the party line, etc.' This suggests that participant's descriptions may instead be an attempt to make sense of their behaviour; a version of reality (Potter and Wetherell, 1987). Therefore can the participant's description of their experience of despair in this research, be considered a version of reality as opposed to a transparent account of a personal truth?

This is also seen to question the understanding that the participant is able to describe the nature of their intentional acts and objects of consciousness. Could we be subject to an unconscious (Freud, 1915), and if so, what could this mean for research? May, through phenomenology, the researcher listen to how participants make meaning of their experiences; to tune in to their anxieties, conflicts and threats to self that affect positioning in certain discourses?

In response to the above question, Hollway and Jefferson (2008) suggest that an approach is needed, which facilitates access to the participant's concerns, through an attendance to incoherence, contradiction and avoidance within the participant's description of the phenomenon. It is in fact Freud (1925) who speaks of the need for one to direct their attention to where the other has a lack of control over the text, in particular where the text is clumsy or smooth. In turn, as Spivak (1976) outlines, Derrida and his concept of Deconstruction suggest the reader to focus on the particulars of a moment; to locate the ambiguity that threatens to collapse the system.

This highlights the need to listen to the participant's description closely and how it is said as well as to one's own thoughts; to remain open to what is said. Further, this suggests that when researching the psychotherapist's experience of working with despair in a UK prison setting, one needs to move away from traditional methods, in enabling a different approach which accords significances, not simply to what is known, but to something potentially unknown and inconsistent.

Further, with anxiety, there is the question of theorising, particularly important for a phenomenological project such as this, which requires a subjective description of lived experience as opposed to theoretical understanding. Drawing on the writings of Ferenczi, Stanton (1991, 1997) suggests that theorising, which begins in childhood, continues into adulthood in an attempt to understand the world. However, whilst theorising may reduce anxiety, it also closes down creative thought. It is suggested that the need for theory may be seen as a way to lessen anxiety and according to Freud (1927: 18), to 'make his helplessness tolerable'. But how can we, in research, approach research with despair in a way that remains open to experience despite its anxiety provoking nature? May we tolerate being open to our experience and be willing to wait for something genuinely relevant and meaningful to emerge? And through this may we begin to be open to what seems different?

The existential-phenomenological conception of anxiety may also be considered to illustrate something of the difficulty of using traditional methods when researching despair. Anxiety, according to May (1983: 109-110), is 'the subjective state of the

individual's becoming aware that his existence can become destroyed, that he can lose himself and his world and that he can become nothing'. In the *Concept of Anxiety*, Kierkegaard (1957: 55) refers to the 'the dizziness of freedom' as associated with anxiety, which can be resolved only through the personal exercise of responsibility and choice.

For Tillich (1952: 36-37) existential anxiety may be defined as 'the state in which a being is aware of its possible nonbeing'. This anxiety can be accepted or resisted and it is this resistance which is seen to 'drive the person toward the creation of certitude in systems of meaning which are supported by tradition and authority'. Anxiety leading to certitude seems similar to the theorising posited as resulting from anxiety in the psychoanalytic literature. In this project, despite the anxiety evoked by the research's focus on despair, the methods chosen must enable at least an attempt for the participants to begin with their experience, as opposed to that of certitude and theory.

However the above arguments relate as much to the researched as to the researcher, for whom the anxiety provoking nature of despair may too close something down, potentially through theorising and certitude. May we understand that the meanings extracted from the participants' descriptions are potentially subject to the intentionality of the researcher; a researcher subject to (Hollway and Jefferson, 2000)? And how can the researcher attempt to remain open to what emerges in the research if they themselves are subject to an unconscious, to language or to the other?

Importantly, Freud (1923) suggested that it is the therapist who needs to surrender to their own unconscious activity. Further, for Bion (1970) it's the therapist's responsibility to contain the resulting modes of evading anxiety. Is this the role of the researcher, to contain the anxiety in remaining open to the unconscious or the unknown?

Having considered the implications of anxiety for research given the anxiety-provoking topic, it also seems important to explore the implications of despair evoking despair in the other (Farber, 1968). Despair within the existential-phenomenological literature emerges as an attempt to ameliorate the futile internal division characteristic of being human (Berthold-Bond, 1998). Within this we do not want to be what we are as human beings who are defined by both necessity and finitude as well as possibility and infinitude. In this we want to be what we are not, that is, a pure possibility and infinitude, which is inhuman; or a pure necessity and finitude which alienates us from our being human (Kierkegaard, 1989). Despair that arises from the psychotherapy process, or in this research, is therefore not over the clinical work or over the research as its outward image might suggest, but is ultimately over the self (Kierkegaard, 1989).

The psychotherapeutic literature, which suggests that the psychotherapist may experience despair from the work, suggests the psychotherapist may experience their own lack of possibility and meaning (Ziegler and McEvoy, 2000). With a lack of possibility, Kierkegaard posits how the self cannot breathe and is subsequently suffocated by its own lack (Kierkegaard, 1989). Lacan (1991) speaks of lack as desire, which on acknowledging something missing in our understanding of the

other, leads to a desire to replace it with something. This raises important questions with regard to researching an experience, which for the participant and researcher can lead to suffocation. How can one allow oneself in research to be suffocated whilst also allowing enough room to breathe to enable a consideration of this suffocation? Further, although in many ways this suffocation could tell us something important about the phenomena, how are we to attempt to research the phenomena in a way that enables a consideration of the lack, without desire leading to a filling of the gap through theoretical understanding?

We may also consider how if possibility outruns necessity, then the self is doomed to flounder in possibility, failing to reach ‘anywhere’ as necessity is vital for this ‘where’ (Kierkegaard, 1989: 39). However we may ask if a ‘where’ is required for research, if participants are to describe their subjective experience and the researcher is required to analyse these descriptions?

Finitude also seems important in the consideration of the psychotherapist who is led to death, through experiencing the others, and subsequently their own despair (Kierkegaard, 1989). For Yalom (1980: 524), death is, ‘one of life’s most self-evident truths that everything fades, that we fear the fading, and that we must live, nonetheless, in the face of the fading, in the face of fear.’ Despite our intrinsic awareness of our finitude, the fear of death can often keep our awareness of death out of mind, so that we avoid life. This seems particularly relevant to research which not only potentially asks the researched and researcher to face an aspect of finitude, but also in requiring them to speak of their subjective experience as such.

For Kierkegaard (1989), the despairer in finding it too risky to be himself, finds it safer to go along with the crowd and to avoid one's own individual experiences. However, is the avoidance of experience in research with despair inevitable and if so, how can research attempt to remain open to this? It is within this form, that we see a flawless performance in everyday life, as the person, too fearful to venture out, takes an inward turn and remains silent (Kierkegaard, 1989). A research methodology is therefore required which falls not for this performance but attends to the minute particulars; to engage with what may emerge through the dialectical relationship between person and world, in gaining knowledge of the phenomenon (Merleau-Ponty, 1962).

Finally, the despair of infinitude is the fantastic and the boundless, whereby immersed in the infinite, the person loses its relation to the world and connection with their experience. The person lives entirely in fantasy and imagination, unable to connect with the concrete (Kierkegaard, 1989). Again an approach to research is required, which attends to how the participant engages with the phenomenon, with an awareness of a disconnect with the concrete.

The literature importantly describes how in tolerating the other's despair, the confidant must be able to tolerate their own feelings of despair evoked. Safran's (1999: 6) suggestion is that without this familiarity with despair, the therapist can find themselves avoiding the despair and engaging the client in actions to falsely 'alleviate' the difficult feelings. The researcher had herself considered her own despair within her analysis during her psychotherapy training. This is as well as exploring the despair in her patients and the despair evoked within herself as a psychotherapist in her own practice, through supervision of this practice. Despite

the suggestion that for Hegel (1977a), the resolution of despair as such, is potentially a beyond, through her training, the researcher felt that she had to some extent gained an element of awareness of her own feelings of despair, vital in working with and listening to another's despair in practice and research according to Safran (1999).

Further, as described in the outline of selection of participants, it is for this reason that it seemed important to interview participants who had gained accreditation as a psychotherapist and as a result, had met criteria for their own personal therapy and a sufficient level of supervised clinical work. However this was still considered a superficial measure given the marvellous and infinite nature of despair (Kierkegaard, 1989).

Having discussed the implications of despair and psychotherapy for researching the phenomenon and taking into consideration the epistemological, ontological, ethical and methodological concerns of the phenomenological approach as well as the specific concerns for this project and for researching despair, the following section will outline the methods or approaches chosen; EPA (Giorgi, 1985) and reverie (Ogden, 1997).

4.4.3 Phenomenological Approach to Researching Despair

This section aims to outline the approaches to research chosen through the concerns of the phenomenological approach as well as the specific concerns for this project and for researching despair. As will be outlined further, the phenomenological approach to the analysis of the descriptions of the phenomenon gathered in interviews will make use of a combination of methods/approaches; initial analysis

using EPA (Giorgi, 1985; 1993), and secondary analysis by reverie (Ogden, 1997). Finally, the forms of data collection will be considered in line with the implications of the research methods chosen for this study.

Silverman (2000) suggests the need to clarify the extent to which pre-defined methods and measures are used in research projects. However for Gadamer (1975: 312), this interest in method, has created ‘a methodologically alienated form of self-understanding’, which fails to understand our being human, as it fails to engage in the ways in which one could come to understand our being human. However, despite this understanding, this project will make use of EPA (Giorgi, 1985), a pre-defined method which was used in previous research (Gee and Loewenthal, 2011).

EPA was, according to Giorgi (1985), created through a desire to develop an empirical, descriptive, phenomenological method, which held the possibility of studying the essence of a phenomenon as experienced (Giorgi, 1985; Giorgi, 1994; Giorgi and Giorgi, 2003). For Giorgi (2000: 4), phenomenological research should begin within the descriptive tradition as explicated by Husserl but be mediated in line with ‘scientific practices’. The major change introduced to the method to conform to scientific practice is that naive descriptions from the natural standpoint are obtained from others, with the intention of reducing bias.

The researcher then analyses the description from within a psychological perspective and sensitivity to the phenomenon being researched, whilst carrying out the phenomenological reduction, in order to make discoveries relevant to the phenomenon under study (Giorgi, 1985). Despite EPA’s acknowledgment of the

rich and complex everyday world, the adoption of a psychological perspective sets limits on the analysis and allows one to look more closely at a particular aspect of the more complex reality.

Speaking of the ‘method’, Giorgi (1993: 63) expressed that, ‘the phenomenological psychological perspective always begins with a concrete description and then proceeds with a systematic qualitative analysis of the meaning of the description’. Accordingly, the researcher, in reading the participant’s concrete description and bracketing assumptions, divides the description into meaning-laden statements. Those meanings essential to the phenomenon under study are gathered, allowing the researcher to bring to written description, the structure of the phenomenon of interest (Giorgi, 1997). In gaining the essence of the phenomenon, the researcher must ‘follow’ the intentionality and sense of the participant’s experience throughout the stages of analysis (De Castro, 2003: 50).

The method, with its focus on human phenomena, aims to move away from logical, causality methods, which violate how a phenomenon spontaneously presents itself. The method is interested in understanding the phenomenon in terms of the participant’s meanings of the lived situation, as opposed to understanding it logically (Giorgi, 1993).

EPA as developed by Giorgi (1985, 1993), was originally chosen as the research method in exploring how psychotherapists experience working with a client in despair in previous research (Gee and Loewenthal, 2011). The method initially seemed most appropriate for discovering the complex meanings of the

psychotherapist working with a client in despair. The researcher initially took inspiration from the Greek word, *phaenesthai* from which the word phenomenon is derived. *Phaenesthai*, according to Moustakas (1994) means to flare up, to show itself, to appear. In turn, there was something in Giorgi's (1985) aim to return to the things themselves that attracted the researcher.

Further, EPA acknowledges the process of bracketing as integral to the method, therefore providing an opportunity for the researcher to consider and make explicit her own presuppositions and experiences, in the understanding that they may affect the research process (Giorgi, 1985). Therefore the suggestion stands that researchers should, 'bracket past knowledge about the experience (situation) to experience this instance of its occurrence freshly' (Giorgi and Giorgi, 2003: 249).

The researcher initially considered Smith and Osborn's method of Interpretative Phenomenological Analysis (IPA), as it is interested in 'the meanings particular experiences hold for participants' (Smith and Osborn, 2003: 51). Smith and Osborn state the method aims to explore personal experience and attempts to produce an objective statement of the object or event. However, although the method acknowledges the researcher's preconceptions as a factor in the interpretation of the data, there is no specific provision made in IPA for the researcher to explicitly consider or bracket off their preconceptions. In turn, there was a lack of clarity within the method of IPA as to when one would consider their own presuppositions.

For this study, EPA involved an attempt to consider how psychotherapists

experience working with a client in despair in a prison setting, through the processes of bracketing and descriptive praxis. Bracketing therefore seemed important in Merleau-Ponty's (1962) call to break with our familiar acceptance of the world in opening oneself up to grasping the world as paradoxical. Here bracketing was acknowledging not as a setting aside or exclusion of ideas, but a questioning and revisiting of those ideas. For Cayne (2005: 34), 'bracketing then is no simplistic setting aside of anything but a continual interplay between re-reading the obvious and revisiting the strange.' And as this project views transcendental and hermeneutic phenomenology, not as mutually exclusive, there is a need to explore when to bracket experiences and when not to. In turn, the suggestion to both keep yourself and experiences in and out of the research at the same time (Bergum, 1991) seemed important for this research in that the researcher could attempt to hold this suggestion in mind, during the research process.

EPA was also found to explicate a method for data analysis despite claiming to have processes in common with Merleau-Ponty's phenomenology (Giorgi, 1985). Further it seemed to address the relational less explicitly than was previously assumed, playing out as more of a content analysis than an exploration of the intersubjective and intrapsychic processes of discourse (Gee and Loewenthal, 2011). This seemed particularly important as a question was raised as to how we may research the phenomena of psychotherapy in despair in a way that attempts to remain open to despair as a subjective experience, and to the between, not closing down experience but allowing for possibility (Merleau-Ponty, 1962).

It was considered that an approach to researching despair was needed which contrary to traditional methods, facilitated access to the participants' concerns through an attendance to subjective and intersubjective experience in the research process (Hollway, 2009), through which the researcher could listen to how participants make meaning of their experiences.

As Grotstein (2007) outlines, Bion suggests one can gain knowledge of a phenomenon through reverie, intuition and emotional experience. This relational, non-positivistic epistemology, which requires one to attend to subjectivity and the intersubjective, can be considered to hold important implications for research through phenomenology. As Hollway (2011) suggests, it is potentially only through this approach that one may begin to make discoveries, through the subjective and intersubjective, gaining knowledge of the participant experiences and their meanings. As a result, reverie holds particular relevance as a research methodology within this project, due to its potential to address the relational.

In research, reverie is not a method or technique done to the participant but is an intersubjective experience, emerging between researcher and participant. Ogden (1997) speaks of how reverie may be useful in the moments when the hint of something else emerges, such as discontinuity, breakdown or halt in language (Kris, 1996; Bachelard, 1994). Importantly, it is initially suggested that the incorporation of reverie alongside analysis by a research method, may help to reveal aspects of intersubjectivity. However through the initial and secondary analysis, this suggested approach will be problematised.

Free association or the ‘spontaneous, logically unconstrained and undirected association of ideas, emotions, and feelings’ according to the *American Heritage Dictionary* (Pickett, 2009) holds similarities with reverie. It is a psychoanalytic technique whereby the patient’s verbal free associations in the analysis are seen as enabling access to the patient’s unconscious thoughts and feelings (Thurschwell, 2009). Reveries are defined as ‘things made out of lives and the world that the lives inhabit’ (Jarrell, 1953: 68), a more generalised state of abstract musings, ruminations, fleeting perceptions, bodily sensations and wonderings according to the *Oxford Concise Dictionary of English Etymology* (Hoad, 1996). Bachelard (1994: 4) speaks of reverie as a phenomenological approach in search of the essential quality of the phenomenon: ‘In every dwelling, even the richest, the first task of the phenomenologist is to find the original shell’. And despite its associations with psychoanalysis, it is not a psychoanalytic term as such but the implications of reverie have been developed for psychoanalysis due to its concern with the intersubjective (Ogden, 1997).

Further, unlike transcendental phenomenology, reverie requires a patience from the researcher and a rejection of the desire to know (Bion, 1970; Ogden, 1997), so that meaning may be allowed to show itself ‘in and through the presence of the work’ (Romanyshyn and Goodchild, 2003: 39-40). Further, reverie encompasses something unknown and paradoxical, a non-incorporating relationship in research, which better defines the ethical according to Levinas (Clegg and Slife, 2005).

Bion (1967) describes reverie as a state characterised by the absence of memory and desire. It is within this, that Bion (1979) writes of the importance of living in

uncertainty, and how the certainty provided by theoretical structures such as theories, or research methods, can lead to a closing down of aspects of thought and affect, as well as unconscious aspects of experience. Therefore, holding implications for participant and researcher, we may begin to hear most about the phenomenon through research ‘when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason’ (Bion, 1970: 125).

This may be considered similar to Freud’s (1923: 239) writings on free association whereby the fundamental rule requires the patient to ‘surrender himself to his own unconscious’ and consequently the analyst is required to give ‘equal notice’ to what is spoken of by the patient; to ‘listen, and not bother about whether he is keeping anything in mind’ (Freud, 1912: 112). Here both reverie and free association seem to describe an attendance to what is given without theoretical analysis or explanation, as in phenomenology.

Free association as a research method also warrants discussion here (Hollway and Jefferson, 2000). The free-association narrative interview method draws on psychoanalytic thought, and in particular, spontaneous association as enabling access to unconscious meanings underlying participant’s narratives in research (Hollway and Jefferson, 2000). This method, on rejecting the preoccupation with coherence held by convention narrative analysis, also allows the researcher to pick up on incoherences, contradictions and avoidances (Bryan and Loewenthal, 2007). However the ideas about reverie (Bion, 1962, 1970; Ogden, 1997) and Cayne’s (2005) implications of reverie for research helped clarify the importance of

relatedness between the therapist's and the patient's associations or as within this project, the relationship between researcher and researched. Therefore, despite holding similarities, reverie was chosen for this project as holding implications for phenomenological research.

In turn, reverie was considered an approach through which one could gain knowledge of the phenomenon, without the application of method, as the experience of the phenomenon is considered to lie outside of science (Applebaum, 2011). For Bachelard (1994) reverie reaches beyond traditional forms of banal comprehension through empirical methods. However, it is important to note that reverie may be considered 'unproductive, impractical and so completely unempirical' when considered in today's society which is largely focused on outcome oriented activities (Russell, 1971, cited in Bachelard, 1994: v). Thereby, reverie becomes 'forgotten in the light of day' (Bachelard, 1994: 10).

Bachelard (1994) suggests how it might be simpler if we were to follow the tried and tested methods of the psychologist, who in observing, measuring and classifying can be content in his notation of facts. However this raises issues of researcher reflexivity within research, which refers to how the researcher is used to 'impact on and transform research' (Finlay, 2003: 4). However reflexivity, which can be defined as involving an 'immediate, continuing, dynamic and subjective self-awareness' (Finlay, 2003: 108), despite viewing a consideration of the researcher as integral to the research, this position can be considered inseparable from the empirical, often defined by positivistic, procedural guidelines even within qualitative research (Smythe, 2004).

In turn, within psychological methods which integrate the voice of the researcher, one would explore what is characteristic, in this case the dream (reve), paying little attention to reverie, or the inter-subjective experience emerging through the research. And despite Smythe's (2004) request for the researcher to draw on Heidegger's contemplative thinking, viewing reflexivity as 'a mode of consciousness' (Doanne, 2003: 99), it is still written about and engaged with as if it were a research method or tool.

In fact with regard to research, reverie has the potential to be a far move away from empirical approaches where ideas follow logically. In fact as Bachelard (1994: 17) explains, in using reverie, 'has the time not come to let the pen run, to let reverie speak and better yet to dream the reverie at the same time one believes he is transcribing it?' In turn, in letting reverie speak, can it help us inhabit the world (Bachelard, 1994)? This question seemed to hold implications for research in letting reverie speak, stepping away from research structures such as reflexivity which are inherently caught up with positivistic research methodology.

It is further important to note that reverie attends to the intersubjective experience between researcher and researched where knowledge is seen to be generated through the intersubjective; through the tension between (Merleau-Ponty, 1962). Ogden (1994) explains how in psychoanalysis, the state of reverie involves the analyst and patient leaving behind their individuality, and coming together to form a new subjectivity; the 'intersubjective analytic third' (Ogden, 1997: 29). And in this, the individuals no longer exist as such, as they are themselves in significant

ways new, having been changed by their experience in, and of this intersubjective experience. Winnicott (1971) referred to this between as an area of experiencing in analysis that lies between reality and fantasy. The intersubjective third is not only created by the unconscious interplay of analyst and analysand but it also generates these characters in the act of creating the third. Further, it is not static but an evolving state of flux, transformed by the understandings generated between and by the pair.

Here it seems important to consider the ways in which Ogden (1997) likens the use of reverie in analysis, to Brower's approaches to teaching students to read poetry. Whilst reading poetry, Brower's (1951) students are asked to attend to their experience, including the emotions evoked whilst reading and what it feels like to be spoken to by the writer. For Brower (1951, 1968), reading poetry is therefore not about locating patterns or hidden meanings but is about how the author and reader collide in the reading, and the meanings created in this. Can research, in a similar way, remain open to the collision between researched and researcher? And in this, instead of attempting to locate patterns of meaning, can we in research slouch towards an understanding (Colhart, 1986)? Winnicott (1971) states how the process of not knowing is at least as important as knowing, for as Poirier (1992: 182) suggests, it is 'much better to practice the art of not arriving [at precise meaning]'.

The analysts and in this case, the researcher's use of reveries requires tolerance of the experience of being 'adrift', as well as the unconscious and inconsistent. In turn, Ogden (1997: 43) suggests we attend to our reveries in this drift, no matter how 'seemingly unrelated' they appear to be. This sounds similar to Freud's (1912: 112)

request to us to simply listen to all equally, to remain receptive to something unconscious or unknown; to avoid becoming mired in conscious efforts to logically organise experience or listen to what seems important. This also seems to offer the possibility for possibility, in that disparate, seemingly unrelated experiences can come together in, in seeing aspects of experience as new or different. However this also requires a rejection of the need to close the gap, in order to avoid the unbearable (Blanchot, 1993), for a remaining open to dread and the futurity of the future in hearing something important about the phenomenon.

In research, can we enable possibility by attending to this between; to remain open to this intersubjective experience and to all thoughts, ruminations and daydreams that come to mind? For Debussy the music was not in the notes as such, but in the space between the notes. Can we, in research, refrain from closing the gap between and instead remain open not just to what is said, or the way in which it is said but also to the space between, through reverie; to really listen to the music (Ogden, 1997)?

Reverie may provide a way of operationalising the communication and thinking processes involved in the research method, in that it may be considered a ‘vehicle for communication and thought in the meeting between researcher and participants both in the saying (for example interviews) and in analysing the said (data analysis)’ (Cayne, 2005: 109). Reverie may therefore be considered as an opening up of associations and ideas, which when used in research, provides a richer range of data, which remains open to what is given. In fact, it was through previous research that the researcher became aware of her reveries throughout the research

and acknowledged how reverie may be used to address the relational more explicitly in obtaining knowledge about the phenomenon of working with a client in despair in a UK prison setting (Gee and Loewenthal, 2011; Gee, Loewenthal and Cayne, 2011).

The researcher considers that reverie, for this research can be incorporated into a phenomenological method such as EPA in helping to reveal anxiety and aspects of intersubjectivity. Reverie was seen as holding the possibility, for this research, for the researcher to hold the process of bracketing in a way which would not entail bracketing all assumptions and ideas, but remaining open to the process. And as this project also does not see descriptive and interpretative activities as mutually exclusive, it allows both to exist alongside the other, whilst also being interested in what plays out between the two positions. Reverie was seen to create a space for these, sometimes contradictory issues, to be held together, ideas which will be developed through this research.

Although the implications of reverie will be developed throughout the research process, it can be considered particularly important in the interview process and during the analysis of the interviews, where aspects of intersubjectivity may be seen to emerge. The implications of reverie for data collection and analysis will be considered further in the following chapter. Accordingly, alongside the analysis by EPA, the researcher will attend to their reveries that emerge throughout the interviews and stages of analysis, incorporating reverie, as a secondary analysis with findings from EPA analysis. Could this offer the possibility of remaining open to what may emerge? As a researcher, may we be attentive to our reveries both in

the interviews and analysis, enabling ourselves to draw on what is happening in the intersubjective space?

In using a combination of methods, this research aims to make a form of comparison by carrying out an initial analysis using the phenomenological research method, EPA (Giorgi, 1985) and a secondary analysis by reverie. The combination of secondary analysis alongside the initial analysis hopes to enable this comparison whilst exploring the possibility of reverie as an approach to research, through phenomenology.

The secondary analysis by reverie, in contrast to the initial analysis through EPA, will therefore be used to problematise notions of phenomenological research. And through the problematisation, this research will aim to investigate and develop an approach to research through the notion of reverie.

4.5 CONCLUSION

This chapter has considered the methodological concerns relevant to exploring how the psychotherapist experiences working with a client in despair in a UK prison setting. In turn, it has outlined the research's twofold aims, both in carrying out a phenomenological project and problematising notions of phenomenological research through reverie.

Initially, this chapter explored why qualitative phenomenological research was the chosen approach for this research. Qualitative research, with its acknowledgment of

the importance of experience and in turn its interest in realising insights, multiple realities and possibilities, was seen as apposite with the aims of this research. In turn, phenomenology may be seen to provide an alternative perspective from the quantitative cause and effect approach, to focus on subjectivity and discovery of the meaning of experiences (Corbin and Strauss, 1998).

As discussed, this project will particularly draw on phenomenology as outlined by Merleau-Ponty (1962), according to which, the experience of the phenomenon, both in research and practice may be located in the dialectical relationship of person and world. In turn, meaning in research may be considered to emerge through this dialectical relationship (Merleau-Ponty, 1962). It is through this that the research attempts to open up a discussion on the possibility of a phenomenological approach to research which remains open to the possibility of possibility.

This is particularly relevant to researching the phenomenon of despair given the particular epistemological questions raised with regard to the nature of despair and how one gains knowledge of conscious and unconscious despair. Further, with regard to ontology, is it through *Dasein* and our being-with, that the issue of being arises (Heidegger, 1962)? Or is the ethical or pre-ontological most important for research? Methodological issues were also raised with regard to researching despair given the human's struggle with despair and the potential implications for researched and researcher, as well as the resulting defended anxiety of both.

In particular, this project, as outlined aims to explore contrasting forms of phenomenology research, problematising the abundance of phenomenological

research methods, which as suggested here are broadly empirical, systematised and tend to psychologise the notion of phenomenology.

Through its acknowledgement of the need to approach researching phenomena differently, this research will make a form of comparison by carrying out an initial analysis of participants' descriptions in interviews using the phenomenological method of EPA (Giorgi, 1985) and contrasting with a secondary analysis by reverie. Through this, the possibility of a phenomenological approach to research in this study will be outlined, in particular, whether reverie can enable us, to remain more open to what may emerge through the dialectical relationship between person and world (Merleau-Ponty, 1962).

The research design and the research strategies used in this study will be outlined in the following chapter.

CHAPTER 5 RESEARCHING DESPAIR: ‘METHOD’

5.1 INTRODUCTION

This chapter discusses the chosen ‘methods’ in approaching this research exploring how the psychotherapist experiences working with a client in despair in a UK prison setting. With regard to the research design, Mason (1996: 19) calls for an ‘overall research strategy’, whereby the choice of research methods and protocols are to be shaped by the methodological concerns. The concept of research design generally emanates from a positivist epistemology seen as a blueprint for research, although it is considered important within qualitative research also (6 and Bellamy, 2011). In turn, the research design may be seen to turn the research question(s) into a testing project under the proviso that scientific knowledge is provisional. Accordingly, Philliber et al. (1980) suggests the research design addresses four main issues: the research question and its associated data for collection, as well as forms of data collection and analysis.

As previously stated, within scientific research methods there is an attempt to unearth evidence as a means of contributing to knowledge and the generation of truth (Giorgi, 2010). However, this project attempts a different stance through the use of qualitative methodology which rejects the concept that information about objects in the external world is reliable, and focuses on the phenomenon as experienced (Fouche, 1993). Within qualitative research, Silverman (2000) states how the research strategy can inform an understanding of the link between method and methodology, as well as ultimately informing the choice of method appropriate

to the research topic. The purpose of the research design for this project could potentially be akin to Silverman's (2000) suggestion that whilst methodology clarifies how a particular phenomenon will be studied, the research design concerns particular research strategies in line with the methodologies considered.

However Yin (1989: 29) warns that the research design 'deals with a logical problem and not a logistical problem' and must therefore be inextricably associated with a consideration of methodology and not simply a consideration of methods by which the data can be gained. Therefore the issues of sampling, methods for data collection and analysis can be considered subsidiary to the methodology and in this case, phenomenological underpinnings of the study, grounded in questions of epistemology, ontology and methodology.

As previously stated, Gadamer (1981) suggests that the experience of truth transcends the domains of method and scientific methodology, which seek legitimisation through research. This scientific approach, which aims to apply specific methods in producing rational understanding, is illusory and stands in contradiction to the study of human experience. For as Gadamer (1981: 114-115) suggests, 'inquiry into the history of science . . . indicates that the notion of method, fundamental to modern sciences, brought into dissolution a notion of science that was open precisely in the direction of such a natural human capacity'.

Despite this acknowledgement, and rejecting a positivist approach, this project will, according to Silverman's (2000) suggestion, attempt a qualitative approach to outlining the research design and particular research strategies in line with the

consideration of methodology (Silverman, 2000), in exploring how psychotherapists experience working with a client in despair in a UK prison setting. The overall research plan for this project, submitted to the Research Degrees Board, can be found in Appendix 1.

This section will consider how the research question and key terms in the research question, ‘psychotherapist’, ‘experience’, ‘despair’ and the ‘corrective prison setting’ were operationalised. Secondly, a discussion of participants and in particular the sampling and location of participants, as well as the sample size and issues of generalisability will be outlined. Participant demographics will also be described in this section.

In the next section, ethical considerations will be discussed, outlining the implications of Levinasian ethics for this research as well as practical issues such as informed consent and confidentiality. Further, despite this study’s concern with a phenomenological, qualitative approach seeking illumination and exploration (Hoepfl, 1997), reliability and validity will also be assessed with regard to their relevance for this research, asking whether associated research concepts can be seen as more apposite with this study’s aims.

Following this, the methods of data collection will be outlined attending to the implications of intersubjectivity for the approach to data collection, including explaining why interviews were chosen and how the interview and transcription process will be carried out. Finally the methods of data analysis will be considered

by outlining the initial analysis by EPA and the stages and forms this will take, alongside the secondary analysis by reverie.

The operational definitions will now be outlined.

5.2 OPERATIONAL DEFINITIONS

Within psychological research, an important aspect of the method, involves operationally defining key terms of the study. Fisher and Foreit (2002) state that this process is vital, in that it aids clarity with regard to the meaning of the key terms, as well as establishing procedures for how the variables of the study will be measured. Stevens (1935: 323) summarises an operational definition as, ‘the performance which we execute in order to make known a concept’. However, Benjamin (1955) criticises this definition in its failure to distinguish between symbolic and non-symbolic operations. For Benjamin, only symbolic operations which produce and give meaning to symbols are cognitively significant. This raises important questions, particularly with regard to phenomenology’s rejection of the assumption that knowledge of a concept is a neutral object out there to be gained or known (Denzin and Lincoln, 2000).

Further, it can be understood from the writings of Lacan, that words may convey multiple meanings, signifying something more than what we assume to be the meaning (Sarup, 1983). For Lacan (1993), language embodies a continual slippage and deferral of meaning in the unstable relationship between signifier (linguistic sign) and signified (the meaning of the linguistic sign). Derrida invites us to

question and examine the instability of language (Loewenthal and Snell, 2003), rejecting Saussurian thought whereby the unity of the sign, made up of a signifier (a word, sound or pattern) and its signified (the concept to which it relates) is assumed (de Saussure, 1966).

Carr (2006) suggests that for Gadamer, the meaning of language is forever subject to interpretation and therefore to reach a final definition is an impossibility, which deprives language of its full meaning. This suggests a definition of a concept cannot simply be assumed and that the terms defined may hold multiple meanings, subject to interpretation.

The following will therefore attempt a discussion of the concepts used in the research, making it clear, where possible, the researcher's understanding of these terms.

5.2.1 Psychotherapist/Psychotherapy

The researcher acknowledges there is currently considerable debate around the differences and similarities between the terms psychotherapy and counselling, which indicate they are difficult terms to separate. For Wheeler (2001) there exists an interchangeable use between the terms psychotherapy and counselling and as there are no clearly defined differences between counselling and psychotherapy, the two terms are often used interchangeably. The British Association for Counselling and Psychotherapy (BACP) view both disciplines as so similar that debate about differences becomes redundant, with many practitioners using different titles

depending on the environment in which they are working. In turn, the BACP definition of counselling and psychotherapy states that:

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing.

(2011)

According to *Webster's New World College Dictionary* (Agnes, 1999), psychotherapy is derived from the Ancient Greek *psyche*, meaning breath, spirit, or soul and *therapeia* or *therapeuein*, to nurse or cure. Although it is acknowledged that definitions of different therapies are diverse, practical definitions of psychotherapy generally suppose a therapeutic intervention in bringing about a positive outcome. The United Kingdom Council for Psychotherapy (UKCP) defines psychotherapy as:

The provision by qualified practitioners of a formal and professional relationship within which patient(s)/client(s) can profitably explore difficult, and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning in one's life. It is a process which seeks to help the person gain an increased capacity for choice, through which the individual becomes more autonomous and self-determined.

(2011)

Despite acknowledging that there is no commonly agreed definition, the UKCP (2011) highlights potential differences in training and therapeutic relationship between counselling and psychotherapy, with psychotherapy considered often of greater length and depth. However according to Wheeler (2001), specifications for training and registration of counsellors and psychotherapists are similar, with the main difference being in terms of numbers of hours for training, practice, supervision and personal therapy, with the UKCP requiring more hours.

In 2005, the UKCP developed standards for psychotherapeutic counselling training with the potential for candidates to register with the UKCP as psychotherapeutic counsellors. The UKCP (2011) claims that ‘psychotherapeutic counsellors are counsellors who have received more in-depth training than that undertaken by most counsellors’. However these requirements are in line with BACP’s accreditation requirements for a counsellor/ psychotherapist.

Although the two terms of counselling and psychotherapy are often used interchangeably, for the purpose of this study, the term ‘psychotherapy’ and ‘psychotherapist’ will be used throughout.

Further psychoanalytic bodies, in particular, the British Psychoanalytic Council (BPC) which accredits psychoanalysts, psychoanalytic psychotherapists and psychodynamic psychotherapists, whose practice ‘draws on theories and practices

of analytical psychology and psychoanalysis' (BPC, 2011), are considered suitable for inclusion in the study. Similar to psychotherapy in general, the BPC states that psychoanalytic and psychodynamic psychotherapy is;

A therapeutic process which helps patients understand and resolve their problems by increasing awareness of their inner world and its influence over relationships both past and present. It differs from most other therapies in aiming for deep seated change in personality and emotional development.

(2011)

The BPC (2011) states that psychoanalysis is widely considered as a psychotherapy both in the UK, and in the US (Mieli, 2003), generally differing from other psychotherapies only in the number of times therapists see clients per week, and the psychotherapist's frequency of personal therapy during training.

It is however, important to note that despite the acknowledgment that the British Psychological Society (BPS) (2011) includes psychologists specialising in psychotherapy under the divisions of clinical and counselling psychology, psychologists will not be included amongst those recruited for this study. Although these divisions have similar accreditation, training, supervision and therapy recruitments, within the prison setting there is often a clear division between the work carried out by psychotherapists and psychologists. In fact, within the prison setting, psychologists are often involved in psychological assessment, psychometric

testing and group intervention as opposed to offering individual psychological therapy (Cooke, Baldwin and Howison, 1990). Therefore this project's interest in individual psychotherapeutic practice in the prison setting precludes the work of psychologists including those chartered under the BPS.

Therefore, this project intends to interview psychotherapists who are registered with the major psychotherapy bodies cited above (BACP, BPC, UKCP). And despite the acknowledgment of the differing theoretical modalities within these psychotherapy bodies, given this research's focus on the individual psychotherapists experience of working with despair, there will be no distinction made regarding theoretical orientation. Psychotherapists are therefore defined as those engaged in psychotherapeutic or counselling practice who are registered as psychotherapists or counsellors with the UKCP, BACP or BPC.

Have considered the meaning of the term 'psychotherapy', 'experience' will now be outlined.

5.2.2 Experience

As the interest in this research lies in how the psychotherapist experiences working with a client in despair in a UK prison setting, the term 'experience' will now be defined. According to the *Online Etymology Dictionary* (Harper, 2010), the Latin *experientia*, from which experience is derived, is defined as 'knowledge gained by repeated trials'. In turn, experience is operationally defined as, 'the act of living through an event or events; personal involvement in or observation of events as they occur' in *Webster's New World College Dictionary* (Agnes, 2004). Further,

experience is often seen to involve an accumulation of knowledge or skill (Locke, 1690).

This research is interested in how the psychotherapist, through involvement and engagement in psychotherapeutic practice, experiences working with a client in despair in a UK prison setting. Therefore through this project's interest in phenomenology, a definition of experience taken up through this project, must also consider its nature in being never limited or complete. As Boud (1993: 16) states, 'experience always says less than it wishes to say, there are many readings of it, it is never exhausted and total clarity may never be reached.' One can glean from this, that experience is complex, multifaceted and subjective, which suggests that it can never truly be tied down or located.

Finally as suggested by Gadamer (1960: 355), it is important to acknowledge that experience only finds fulfillment, 'in the openness to experience that is made possible by experience itself'. It is through this openness to experience as opposed to scientific knowledge, that an opportunity for learning about the phenomenon is made possible.

The term 'despair' will now be considered.

5.2.3 Despair

The definition of experience is inextricably linked with a definition of 'despair'. As acknowledged in Chapter 2, the broadly empirical data on despair is considered as having very little significance on despair as experienced. Despair can therefore not

be viewed as something out there to be easily understood or defined.

From Chapter 2, we see that despair is seen to emerge, as associated with the self, as a sickness of the self which is ultimately over the self (Kierkegaard, 1989). In turn, it is considered to emerge as a misrelation in the relation that relates to itself (Kierkegaard, 1989). Despair is seen as arising from man's struggle with their ultimate responsibility and freedom (Sartre, 1958). The literature also recognises an unconscious despair; a form more entrenched to the degree that it is unaware of itself as such (Cooper, 1999).

Despair is thus operationalised in this study as an experience which is ultimately over the self, arising from man's attempt to ameliorate the human futile internal division and struggle with responsibility and freedom. Despair in its many forms, can be conscious or unconscious to the despairer.

However, with regards to the data collection and in particular the interviews, it was felt that using preconceived variables (a preconceived definition of despair) would inhibit the participant's own understanding and ways of making sense of the phenomenon, emerging in the research. As phenomenology is interested in the meanings attributed to the phenomenon by the participants themselves, despair was to be defined from within the understanding of the individual participants. The participants were therefore asked to talk about their experience of working with a client who they perceived to be in despair in a UK prison setting, rather than the researcher specifying what it means for a client to be in despair.

Finally, a definition of the UK corrective prison setting will be discussed.

5.2.4 Corrective Prison Setting

Prison, a word which is derived from the Old French *prisoun* according to the *Online Etymology Dictionary* (Harper, 2010), is defined by the *Collins English Dictionary* (2003) as a place where people are confined and deprived of their personal freedoms. In the United Kingdom (UK), imprisonment may be thought of as a legal penalty, imposed by the Criminal Justice System for involvement with, commissioning or carrying out of criminal acts.

Within the UK at present, we see the existence of corrective prisons, otherwise known as correctional facilities which aim to correct the behaviour of prisoners, promoting desistance from crime, and potential improvements in healthcare, education and well-being through a mixed economy of punishment and rehabilitation (Cullen, 1997; Roberts, 1997; Rawlings, 1999; Doctor, 2001; Doctor 2007).

This stands contrary to the alternative form of prison setting currently in the UK, the therapeutic community prison or therapeutic communities/wings within prisons which can be seen as an ‘attempt to transform the traditional authoritarian psychiatric hospital environment’ (Rawlings, 1998: 6). Therapeutic communities work on principles on democratisation, tolerance of individuals in the community and communalism (Rapoport, 1960), with opportunities for therapeutic activity such as group and one to one work, set within a democratic, therapeutic environment (Rawlings, 1998; Parker, 2007). Further, psychiatric secure or forensic

facilities exist in the UK which contain and treat offenders who have a mental health diagnosis and are considered dangerous.

This project is concerned with the provision of psychotherapy within the corrective setting as opposed to the therapeutic community or psychiatric setting. The corrective setting which runs on the assumption that these environments can change prisoners, are inextricably linked with punishment. For Lefton (1991), punishment is defined as the presentation of a consequence following a behaviour, with the aim of attempting to decrease the intensity and likelihood of similar behaviour occurring in the future. This consequence, which is often either the removal of a desired stimulus or the introduction of an undesired stimulus, adheres to a behavioural model. Corrective prison settings use both approaches with a view to decreasing future offending behaviour (Morrison, 1997; Friedman and Brinker, 2001).

However, within corrective prisons, punishment is approached from a corrective perspective as opposed to from within retributive theory (Morrison, 2001). This is important as within retributive punishment theory, the offenders' wrong doing is seen as deserving of punishment and the punishment is justified through the offenders just deserts, as opposed to the beneficial consequences of punishment, leaving little space for rehabilitation within retributive punishment (Bedau, 1977; Hart, 1968; Morrison, 2001). Corrective punishment, on the other hand can lead to rehabilitation through the provision of healthcare, education and therapeutic practices. This has far reaching implications given that this project is interested in therapeutic work with despair in prisons. In fact, Peach (1999) suggests that modern

corrective prison settings are more focused on rehabilitation and supervision of prisoners to prevent prisoners re-offending, than punishment techniques.

In the UK, the state and privately run correctional male facilities are assigned security categories and thus are classified in terms of high or low security, with prison category assignment generally dependent on the prisoners held on the estate. Accordingly, category A prisons hold those who are likely to pose a severe threat to the public or national security, whereas prisoners in category B prisons are assessed as being a moderate risk to the public. Category C prisons hold prisoners who are unlikely to escape but cannot be trusted to live in open conditions and finally, within category D prisons, low risk prisoners who can be trusted to remain in open conditions, are held (HM Prison Service, 2011). The female estate holds its own classification system, with prisons defined in terms of whether they are restricted, which is similar to A category, closed for those who are not trusted to escape, or open where the prisoners can be trusted to stay within the prison. All categories of male and female prison are considered as appropriate for data collection regarding psychotherapists working in prison, in this study.

Therefore the UK corrective prison setting can be defined as a correctional facility which on the assumption of corrective theory and through the use of punishment alongside rehabilitative measures such as education, healthcare and therapeutic opportunity, aims to bring about desistance from crime and increases in individual well-being.

Having considered, operationally, key aspects of the research question, the following section will consider the location and selection of research participants as well as associated issues and their implications.

5.3 PARTICIPANTS

Within phenomenological research, important questions are raised regarding sampling methods and subsequent selection of participants. This is partly due to phenomenology's concern with experience and as a result, the need in phenomenological research to involve those who have a 'revelatory relationship' with the phenomenon being researched (Wertz, 2005: 171).

Issues of sampling and location of participants will be considered below, followed by decisions on sample size and the wider issues of generalisability in qualitative research. Finally the participant demographics will be outlined.

5.3.1 Sampling

Robins et al. (2007) highlight how when conducting psychological research, the researcher must select a participant sample for which the results obtained will generalise to the population of interest. This suggestion is apposite with quantitative sampling approaches whereby the researcher attempts to obtain a representative sample of the population, for example with regard to demographics, so that the results of the study can be generalised back to the population (Marshall, 1996). This often involves probability sampling, as the aim is to produce a statistically representative, random sample. Further, within quantitative research, the sample size is assessed with regard to its statistical power, which is considered vital in enabling valid inferences to be drawn.

This stands contrary to the assumed methods of sampling used in qualitative research whereby the aim is not to impose preordained concepts or to control the sample (Streubert and Carpenter, 1995), but instead to facilitate an in-depth understanding of the world as experienced (Wilmot, 2005). Therefore the approach taken up by this project for the selection of participants may be considered different to the forms of sampling used within quantitative research methods (Breakwell et al., 2006; Howitt and Cramer, 2008; Evans and Rooney, 2010).

Purposive sampling is concerned with selecting participants because they will be able to illustrate something of relevance to the research question (Silverman 2000); a form of non-probability sampling (Polit and Hungler, 1999). Therefore, the researcher concentrates on selecting individuals or groups, from whom something of the research phenomenon can be illuminated (Denscombe, 1998; Denzin and Lincoln, 2000). This is apposite with the understanding of phenomenological research that those who have experience of the phenomenon are valuable to the research.

Purposive sampling was chosen as the method to identify the participants in this research as a form of sampling that allows the researcher to select participants based on the purpose of the research (Babbie, 1995). The justification for the use of this sampling method also stemmed from the researcher's interest in discovery as opposed to hypothesis testing (Lincoln and Guba, 1985). Further, it met the requirement of phenomenological research in allowing the researcher to sample those who 'have had experiences relating to the phenomena to be researched' (Kruger, 1988: 150).

For the purposes of this study, the target population was delineated as accredited

psychotherapists who had previously experienced working with a client in despair in the UK prison setting, as this was the population which had experiences relating to the phenomenon being researched. As a result, the following criteria were set for participation in the study:

- a) Experience of working with a past client(s) considered to be in a state of despair in a UK prison setting, i.e. clients the participant is not currently working with.
- b) Completion of a psychotherapy/counselling training, with accreditation by a regulating body (BACP/UKCP/BPC) or eligibility for accreditation (meeting practice, supervised practice and personal therapy requirements).

Accredited/eligible for accreditation psychotherapists were chosen as having gained an adequate level of practice and training, and in turn, the population most likely to have experienced despair in their practice in prison.

Through purposive sampling, the researcher aimed for a sample that could provide a range of experiences within the target population of ‘accredited psychotherapists working with a client in despair in a UK prison setting’.

5.3.2 Location of Participants

With regard to location of participants, initially the researcher approached two known prison psychotherapy services and twenty existing contacts and passed over information relating to the study via email (Appendix 2). This advertised the study

and asked prospective candidates who were interested in taking part to make contact. Psychotherapists who responded to recruitment efforts were provided with an information pack by post or email, containing a Participant Briefing Document (Appendix 3) and a Participant Consent Form (Appendix 4).

Following this, psychotherapists who met criteria for participation took part in a telephone conversation where if they chose to continue and take part in the study, they stated they understood the purpose of the study and wished to take part.

The following section will discuss issues of generalisability.

5.3.3 Generalisability

Despite the acknowledgement that the findings from a phenomenological study are not meant to be generalisable (Morse, 1991), choice of sampling method raises important questions regarding generalisability. Although Silverman (2000) advocates the combination of qualitative research with quantitative measures in order to establish representativeness of the participants, this was considered to be contrary to the phenomenological approach to this research. This project did not wish to isolate specific variables within a particular population but to maintain a balance between heterogeneity and homogeneity of data, thereby eliciting a range of experiences that include both unique and shared patterns (Patton, 2001).

Perakyla's (2004: 297) ideas on generalisability can be considered useful for phenomenological research in that they discern results that are generalisable to the population of psychotherapists, with findings which are 'generalizable as

descriptions of what any counsellor or other professional can do, given that he or she has the same array of interactional competencies'. This seems important as this study is not interested in generalisability in terms of the study being representative of a whole population (Black, 1993). Therefore the use of phenomenological research may be seen, not in its capacity for generalisation, but in the possibility (Perakyla, 2004) or resonance (Mason, 1996) it offers others. This possibility is thereby possible, even across what Perakyla (1995) calls linguistic and cultural boundaries. Given this, it was considered important that research participants who met criteria for the study, were sampled, and could therefore be drawn from across modalities and cultures.

Having considered issues of generalisability, the associated concern of sample size will now be outlined.

5.3.4 Sample Size

With regard to the sample size for the study, Kvale (1996) highlights the need to balance the needs of generalisability with the need to make in-depth elucidations of the data generated. As this study is aimed at exploration, description and its possibility or resonance rather than generalisation, it was more important to address the issue of adequate description than to collect a wide a range of data (Frankfort-Nachmias and Nachmias, 1996).

According to Wertz (2005) one cannot accurately predetermine the sample size in research before the research is conducted, as a continuing assessment of the number of participants is needed. Further, determining the number of participants for a

phenomenological study does not require a mechanical calculation through formula, but instead requires a consideration of certain aspects such as the participant's subjective experience and quality of findings.

The sample size set initially for the research was 10 participants, however the researcher acknowledged the need for continual assessment throughout the research. This figure fits the method chosen, as in Giorgi (1985) there are four studies described with sample sizes varying from five to 50. It is also supported by Becker (1992: 41), who states that, 'the researcher must decide how many people to interview. Again this is a judgment based upon realistic and research constraints'.

It was felt that 10 participants would be realistic in that it could be achieved within the time constraints, whilst the quality of data collection and analysis could be preserved (Kvale, 1996). This sample size was further prompted by the researcher's motivation to achieve a sample size that would allow for plurality of perspectives (Colaizzi, 1973). It was also felt that a sample of 10 participants was suitable for the added complexity of the project's aim, in developing a methodology through phenomenology for exploring how psychotherapists experience working with despair in a UK prison setting.

Participant demographics will now be outlined below

5.3.5 Sample Demographics

The research participants were made up of seven females and three males. All had previously completed a psychotherapy/counselling training in either psychoanalytic, psychodynamic, integrative or humanistic therapy, with six

participants accredited with BACP, one participant accredited by UKCP, one participant eligible for accreditation by UKCP, and two participants accredited by BPC.

With regards to therapeutic orientation, two of the participants work broadly within a humanistic approach, five participants work integratively, two participants work psychodynamically and the final participant works psychoanalytically. Of the five integrative psychotherapists, three psychotherapists integrate schools of psychoanalysis, existentialism and humanism into their practice. The remaining integrative psychotherapist's practice is influenced mainly by Jung and Gestalt approaches.

With regard to prison experience, all psychotherapists had worked in Category A or B male prisons or closed female prisons; eight psychotherapists in male establishments, one in a female establishment and one having worked in both female and male establishments.

Having considered the methods of sampling and location of participants, as well as issues of generalisability and sample size, the following section will discuss ethical considerations.

5.4 ETHICAL CONSIDERATIONS

Ethical issues which arise throughout the research, are an important consideration within the research process. Ethics with regard to how the study is operated is

defined by the *American Heritage Dictionary* (Pickett, 2000) as the research 'being in accordance with the accepted principles of right and wrong that govern the conduct of the profession'. Ethical issues within research are therefore usually associated with ensuring that no harm is done to the participant, where the research respects the participant's autonomy, whilst acting in the participant's best interest, alongside practical issues such as informed consent and confidentiality (BACP, 2002; Silverman, 2000).

Given the importance of practical considerations, an Ethics Application and Risk Assessment were submitted to the Roehampton University Ethics board and approved in November 2010 (Appendix 5, 6). In turn, the researcher acknowledged the importance of adequate information provided to the participant prior to their taking part in the study, ensuring each participant was comfortable with their involvement (Belmont Report, 1979). In line with the Roehampton University Ethics Board, all ethical considerations such as confidentiality and anonymity of participant data, storing and retention of data and options to withdraw from the research were delineated to the participant in a Participant Briefing Document (Appendix 3) and discussed with the participant prior to the interview. Informed consent was also necessary and the Participant Consent Form was signed by the participant prior to the interview taking place (Appendix 4).

Hollway and Jefferson (2000) on questioning traditional views of ethical principles such as informed consent, confidentiality, and the avoidance of harm, proposed three concepts of honesty, sympathy and respect. These factors refer to the way the researcher engages with the data and engages with the participant and their

experience. However even with this approach, it begins with these three aspects as opposed to what is considered ethical for the individual participant within the individual context.

For Levinas (1961), as previously outlined, ethics may be defined as putting the other first. Levinas (1984: 189) speaks of an encounter in which the face of the other says, 'do not do violence to me' and 'do not let me die alone'. It is the face of the participant that requests the researcher's aid whilst commanding the researcher not to cause harm. An ethical relationship becomes one in which the face of the participant is acknowledged; one in which the participant is not assimilated but appreciated as other. The researcher must refrain from seeking that which appears important but begin by putting the other first.

Through phenomenology and its associated disciplines of bracketing and descriptive praxis, one may begin to consider putting the other first. And although phenomenological research methods such as EPA aim to synthesise the participants' descriptions, the researcher must attempt to hold in mind the infinite otherness of each interview interaction (Miele, 2004). Further, reverie and its ability to attend to the intersubjective may potentially enable a putting of the other first, through an attendance to what emerges in the between. Through this, can the researcher begin with the otherness of the other above what appears important?

A further ethical issue is seen to emerge from the particular research topic, in that a reason for researching the topic of despair was its anxiety-provoking nature for the psychotherapists. An ethical dilemma therefore addresses whether people should be

asked to speak about distressing experiences, since to speak of them may be to relieve the pain (Hollway and Jefferson, 2000).

Further, previous findings suggest that the client's despair may touch on, and in turn illicit something of the psychotherapist's own despair, either conscious or unconscious. As a result, the need to ensure the participant had adequate care and support throughout the study was acknowledged. Following the interview, time was allowed for the participant to raise any questions or discuss any matters arising from the interview as per the Participant Debriefing Document (Appendix 7). Further, the researcher provided the opportunity for follow-up support in the form of a peer support meeting if the participant wished to voice any concerns. In turn, the researcher offered to assist the participant in seeking further support if this was required. However none of the psychotherapists interviewed voiced any concerns or required further support following the interview.

Further, to ensure potential risks were minimised, it was stipulated that the participants only describe client work with clients that they were not currently working with. This acted to safeguard the therapeutic relationship as it has been suggested that research into the therapeutic relationship during the actual therapy may be detrimental to the work (Freud, 1912). Further, it was hoped that speaking of a past client, although still sensitive, would not draw out the anxiety that speaking of ongoing client work could. These criteria also acted to reaffirm the boundaries between this research and the participant's supervision as it was felt that if participants were to speak of current clients, they may link the research to their ongoing supervision process, evoking confusion in the participant.

Having outlined ethical considerations, the following section discusses issues of reliability and validity.

5.5 RELIABILITY AND VALIDITY

Stages of the research process, particularly within quantitative research, such as establishing the research framework, exploring methodology and the processes of data collection and analysis, raise important questions about reliability and validity.

Generally, quantitative research, which is based on a scientific, positivist epistemology, 'leads us to regard the world as made up of observable, measurable facts' (Glesne and Peshkin, 1992: 6). In turn, it often involves 'the use of standardised measures so that the varying perspectives and experiences of people can be fit into a limited number of predetermined response categories to which numbers are assigned' (Patton, 2001: 14).

Within quantitative research, reliability and validity are thought of as 'tools of an essentially positivist epistemology' (Winter, 2000: 7). For example, reliability is often defined as how reliable results are, both in their consistency and accurate portrayal of the population under study (Joppe, 2000). This is linked to the replicability of the project in reproducing the same results given a similar methodology (Kirk and Miller, 1986). Validity, often defined as the truthfulness of the research results, determining whether the research measures what the researcher

sets out to measure (Golafshani, 2003), is closely associated with the empirical conceptions of evidence and truth (Winter, 2000).

However as this study is concerned with a phenomenological, qualitative approach seeking illumination and exploration (Hoepfl, 1997), as opposed to determination, prediction and generalisation, for reliability and validity to be relevant research concepts, they must be redefined according to the paradigms terms (Healy and Perry, 2000). Concepts such as validity and reliability are therefore not fixed, taken for granted concepts but instead become 'a contingent construct, inescapably grounded in the processes and intentions of particular research methodologies and projects' (Winter, 2000: 1).

Through the deconstruction of these quantitative conceptions and the consideration of quality from within the qualitative paradigms' terms, we are provided with alternative concepts including, credibility, trustworthiness, quality and rigor (Davies and Dodd, 2002; Lincoln and Guba, 1985; Mishler, 2000; Seale, 1999; Stenbacka, 2001) for evaluating research findings.

Hammersley and Atkinson (1983) posit that quality in qualitative research may be brought about through the researcher demonstrating the process by which findings were produced, in making the research process transparent. And although it is in this opinion that one can never make one's position fully clear, there is a requirement for the qualitative researcher to at least attempt to gain insight into their frame of reference as attempted in Chapter 1 of this project (Churchill et al., 1998). Further, presentation of the raw data, products of the data collection and

analysis and process notes are also made available in ensuring the research process is transparent, consistent (Campbell, 1996) and trustworthy (Seale, 1999). For Baker et al. (1992), credibility is confirmed through qualitative research methods when data collection and analysis techniques are made explicit.

Good quality research can be seen where reliability is considered in terms of the research's abilities to 'generate understanding' (Stenbacka, 2001: 551). Similarly, Cayne (2005: 137) takes a differing view of validity, whereby 'the researcher engages in a process of checking, questioning and theorising about potential areas of invalidity (such as researcher bias), throughout the research process'. Davies and Dodd (2002) take an apposite concept but view it as the qualitative notion of rigor through which aspects such as subjectivity and reflexivity are explored.

This is particularly important given that phenomenology acknowledges the subjectivity of research findings where through the editing and re-editing of stories, one cannot guarantee a participant's view of the phenomena would be the same view given a different context and researcher (Giorgi, 1985). This is alongside the acknowledgement of the researcher's bias in the research process, particularly given that the individual researcher 'holds explicit beliefs' about the research (Mouton and Marais, 1990: 12). In fact, contrary to quantitative research which dissociates the researcher from the research process, qualitative research embraces the researcher's involvement (Winter, 2000) as outlined through concepts such as reflexivity (Finlay and Evans, 2009). Further, whilst credibility in quantitative research depends on the instrument (such as quotient or questionnaire), 'the

researcher is the instrument' within qualitative studies as previously outlined (Patton, 2001: 14).

Davies and Dodd (2002) suggest that phenomenological research guides the researcher throughout the process, giving cause to continuously monitor and question one's own bias. Particularly within EPA, bracketing may be seen to contribute to reflexive practice as mentioned previously, in the acknowledgement of how the researcher's experience may influence the research process and therefore the need to consider, firstly, our own presuppositions. Further, reverie can be seen as a way of revealing the researchers thinking process in arriving at interpretation and analysis of the data (Cayne, 2005). This further aids reflexivity through the acknowledgement of the researcher's role in the construction and de-construction of meaning in this project.

Having considered issues of reliability and validity through an alternative lens for assessing quality in research, the following section will outline data collection.

5.6 DATA COLLECTION

The emphasis in this study is exploring the psychotherapist's experience of working with a client in despair in a UK prison setting. In turn an approach to data collection was required which could encourage naive descriptions of the phenomenon, whilst also enabling an attendance to aspects of intersubjectivity. In this research, different approaches to data collection were considered in finding the most appropriate way of exploring the between as outlined below.

5.6.1 Implications of Intersubjectivity

Two main issues emerged which influenced the methods of data collection. The first refers to the anxiety-provoking nature of reverie, particularly relevant given the specific implications of the anxiety-provoking nature of despair and the implications of researching despair whereby the researcher and researched are potentially anxious, defended subjects, subject to an unconscious (Hollway and Jefferson, 2000) and to language (Malan, 2001).

Ogden (1997) points out that reverie is a personal/private event as well as an intersubjective one. In turn, he requests the analyst, and in this case, the researcher, become aware of a number of kinds of experiencing: that which the patient does not yet want to speak of, that which they never will want to speak of, that which they cannot yet speak of but hope the therapist may help them find the words for and that which the patient wants to say and does. According to Cayne (2005), distinguishing between these different kinds of experience could potentially be important for the researcher both during data collection and analysis. However, we also see that Freud (1923) calls the therapist to surrender their unconscious activity whilst Bion (1970) outlines the therapist's responsibility for containing anxiety. From this, we see how it may be the responsibility of the researcher to engage in the act of reverie.

Secondly, questions around the form of data collection were raised with regard to this research. In previous research where interviews were used to collect data on the psychotherapist's experience of working with clients in despair, versions of reality

emerged from the participant's descriptions where they described their knowledge and what they thought they knew in the interviews. Further, given that the participants were asked to respond to a research question, this might have inferred something of the way to respond, requesting participants to provide an answer to the question. However, despite the previous problems brought about by the empirical analysis of interviews, reverie was seen as offering the opportunity of remaining open to possibility; of remaining open to something else, something other (Cayne, 2005). Reverie can be seen as not only revealing where anxiety lies (Freud, 1923) but also something more than the version of the story expressed.

Interviews were chosen for this study, as it was understood that by not simply listening to what is said, but by attending to the between through reverie, one can begin to gain knowledge of the phenomena through attendance to subjective, as well as intersubjective experience. It is suggested here that through phenomenology and the phenomenological approach of reverie, this experience may emerge in the between.

Interviews and the interview process for this research will now be considered in greater detail.

5.6.2 Interviews

Interviews were seen as appropriate in eliciting thick and rich descriptions of how psychotherapists experience working with despair in the UK prison setting (Denzin, 2001). For Kvale (1983: 174), qualitative interviews should aim to be 'qualitative', 'descriptive' and 'specific' in gathering 'descriptions of the life-world of the

interviewee with respect to interpretation of the meaning of the described phenomena'. As a result, Kvale (1983) suggests that interviews should be centred on the interviewee's lifeworld and should seek to understand and uncover the meaning of the individual's experience of the phenomenon.

Further it seemed important that the research remained faithful to the process of psychotherapy as a talking cure, a process in which spoken descriptions of the client's world, relationships and anxieties are facilitated (Giorgi, 1985). As in psychotherapy, speech in research may allow a person to convey to another a situation from their subjective understanding and perspective. In accordance with this view, the interview may be an attempt, in this research, for the researcher to 'understand the world from the subjects point of view, to unfold meaning of peoples experience' (Kvale, 1996: 1-2). Kvale (1996) suggests that in order to obtain descriptions within the interview, one must attempt to remain open to what may emerge, rejecting pre-ordained structures and categories.

Husserl's (1970) phenomenological approach aims to return to the things themselves by concentrating on the detailed description of the thing as it appears to us through our conscious experience, without recourse to explanation and metaphysical assumptions. This suggests an approach to interviewing which engages experience without theorising. It is also important to note that transcendental phenomenology requires us to engage in several disciplines, as discussed previously, which have important implications for research and for the stage of data collection. Spinelli (1989: 19) lists three steps in the phenomenological method: firstly, the rule of epoche or 'bracketing off bias and

prejudice'; secondly, the Rule of Description, 'describe, don't explain' and thirdly, the Rule of Horizontalisation, 'treat each observation as having equal value'.

Within data collection, bracketing, which asks us to set aside personal presuppositions and assumptions, involves an attempt to consider an aspect of lived experience without presuppositions. Therapists must therefore attempt to set aside initial biases, prejudices and expectations (Spinelli, 1989). For this research, this will entail an exploration and reflection as to the assumptions one already holds about the phenomenon, deciding when to bracket off and when to consider any reveries which emerge, in enabling an engagement with participants so that phenomena are discerned as given by the participants and not as constructed by the researcher (Crotty, 1996). For as Scott suggests from the writings of Gadamer:

The interpretation of a text does not require us to abandon all of our preconceptions of its meaning, but to be aware of them and to discover how they contribute to our understanding of the text or to our misunderstanding of the text.

(2003: 1)

Linked to this is the process of description, whereby in the interview, participants are required to describe their experience. This is important as description 'excludes equally the procedure of analytic reflection...and that of scientific explanation' (Merleau-Ponty, 1962: ix).

The third, horizontalisation, asks us to treat each piece of data with equal regard rather than ascribing too quickly significance of one thing over another (Husserl, 1960). Again this process is important not only for the researcher, but in the researcher's engagement with the participant.

These disciplines have the potential to enable the researcher and potentially also the participant to approach the research by remaining open to the unfolding of individual experience. Thus, phenomenological research and importantly the data collection stage, may be an attempt to reconsider the phenomenon of working with a client in despair in a UK prison setting, from a point of view where one does not already assume the answer (Cayne, 2005).

It is further important to note that according to Kvale (1992), interviews are neither objective nor subjective but are essentially intersubjective interactions. As a result, the research interview must listen to what is said and how it is said as well as attending to the interaction between researcher and researched. As detailed in the previous section, this is particularly apposite with reverie and its potential use as an approach to analysis of the data in helping to reveal aspects of intersubjectivity (Cayne, 2005). In fact, through reverie we may be seen as attending to the relationship between researcher and researched in interviews, with knowledge seen as being generated through the intersubjective.

During the interviews, the researcher will not bracket everything but instead attempt to decide when to attend to her own reverie and when to remain with the interviewees' description. Reverie, as an approach to interviewing, also involves

attending to the saying as well as the said. One could consider Hollway and Jefferson's (2000) interview strategies, which are based on the premise that participants may be unable to speak freely of their experience, to assist data collection. However despite their suggested use of open questions, eliciting stories, avoiding why questions and following the participant's train of ideas and language, the researcher considered the effect language could have on the intersubjective and as a result, it felt important, to begin and end with what emerged from the participant's account. Further, the researcher felt it important not to begin with a method of data collection as such, but to allow the method to emerge through the individual interviews.

Participants were invited to attend one informal, semi-structured, face-to-face interview lasting an hour at a mutually convenient location. At the beginning of the interview, the researcher provided a clear framework for the research, outlining the participant's role and reviewing the Participant Briefing Document and Participant Consent Form with the participant (Appendix 3, 4). Any questions that the participant had about their involvement were invited as it felt important to provide the participant with an opportunity to assess the interview situation before they spoke in-depth of their personal experience (Kvale, 1996).

Demographic data relevant to the study were also elicited. In line with the set criteria for the study, the participant was asked to confirm their completion of a psychotherapy/counselling training, and their accreditation or eligibility for accreditation with BACP/BPC/UKCP. Further, participants were asked to outline their therapeutic orientation. Participants were also asked to briefly describe the

main characteristics, such as capacity and category, of the UK corrective prison setting/s which the therapeutic work had been carried out in.

The participant was then presented with the prepared research question: 'Please describe how you experience working with a client in despair in a UK prison setting'. The question was 'directed to the participant's experiences, feelings, beliefs and convictions about the theme in question' (Welman and Kruger, 1999: 196) and aimed to facilitate description by the participant rather than analytical or scientific explanation (Crotty, 1996). The participants were asked to describe their experience relevant to the research question as well as their experience of speaking in the interview about the phenomena.

As a result, it seemed most appropriate for the researcher to listen to the participant's unfolding descriptions (Giorgi, 1985), intervening to seek clarification, elaboration and further description. At times when the participant struggled to generate further material, the interview question was repeated or the participant was asked to describe working with a specific client in despair to bring them back to their lived experience. This was also in line with Kvale's (1996) quality criteria for qualitative interviews which equates quality with the extent to which the interview elicits specific, in-depth descriptions and the extent to which the interview is self-communicating, requires little explanation and is set in the context of a specific, clear question.

Throughout the interviews, any researcher reveries which came to mind were noted in a research journal in a way that attempted to correspond to what was spoken of in the interview as the reverie emerged.

The interviews either came to an end after an hour or when the participant felt that they had nothing more to say. The Participant Debriefing Document was then reviewed (Appendix 7).

Having discussed interviews as the method for data collection, apposite with the implications of intersubjectivity, the transcription process will now be outlined.

5.6.3 Transcription

The interviews were recorded using a digital voice recorder, with the permission of the participants (Arksey and Knight, 1999). Each digital voice file/interview was assigned an anonymous code known only to the researcher.

When all interviews had taken place, each interview was carefully transcribed from digital file to create a verbatim transcript with inclusion of pauses and repetitions (Kvale, 1996). Transcribing involves translating from an oral to a written language, both with their unique set of rules. Inherent in the transcription process is a danger that the living conversations may become just transcriptions. However, the researcher considered the transcription process to be a tool to allow for accessible analysis of the data, not a copy of an original reality. It was acknowledged that the transcripts are the interpretation of the specific researcher (Kvale, 1996), however this does not mean that we disregard completely the concept of transcriber

reliability. Therefore, as Kvale (1996) suggests the verbatim transcript was carefully checked by the researcher in an attempt to assure something of reliability.

It is important to note that the transcripts for all 10 participants can be viewed in Appendix 8. Weaver and Weaver (1977) posit that the information included within the appendix must have a direct link to that drawn on within the project, thereby acting as a tool for the reader. However despite the fact that participant transcripts are often not included within psychological research, it felt important to include the transcripts as a tool for both the reader and the research as a whole. This is largely because this project aims to problematise notions of phenomenological research and therefore it was felt that a certain level of depth with regard to presentation of interview data was required for the critique of the processes carried out within the research. For example, it was felt that a consideration of critical issues, such as the intentionality of the researcher and the importance of how things were spoken of, was not possible without including full transcripts for the reader's reference. Further, labelled verbatim quotes from the transcripts are included throughout the EPA analysis, analysis by reverie and discussion, in Chapters 6, 7 and 8. Therefore the presentation of transcripts offers the reader with a direct link back to the verbatim quote in context within the transcript.

It is also important to note that with regard to the method of EPA, Giorgi (1989) promotes inclusion of data from all stages in enabling transparency. Further Wertz et al., (2011) encourage inclusion of the transcript and stages of data analysis in the appendix, to illuminate the full journey of the data for each individual participant.

The following section will discuss the approaches to data analysis.

5.7 DATA ANALYSIS

The analysis of the data collected broaches on the two main aims of the study, previously discussed; the phenomenological project in the carrying out of a phenomenological analysis of the data collected, relevant to how the psychotherapist experiences working with a client in despair in the UK prison setting; as well as problematising notions of phenomenological research.

The phenomenological approach to the analysis of the descriptions of the phenomenon gathered in the interviews will therefore make use of a combination of methods/approaches; initial analysis using EPA (Giorgi, 1985, 1993), and secondary analysis by reverie (Ogden, 1997). It is through this that it is hoped that EPA and reverie will reveal a way of thinking about, as opposed to capturing data.

The initial and secondary analysis will now be described with regard to how the analysis of the data was carried out.

5.7.1 Empirical Phenomenological Analysis

The starting point or initial analysis is the phenomenological method of Giorgi (1985), EPA, which aims to uncover the meaning and identify the essential themes of the phenomenon as experienced (Giorgi, 1985), as outlined in the previous chapter. This is, however, just the starting point in that it provides a known research method for comparison with the secondary analysis.

The term analysis is used in line with Giorgi's (1985: 1) description of EPA as an 'analysis' of the psychological meaning of a naive description and refers to the way the data generated was to be analysed in light of the research question, 'how do psychotherapists experience working with a client in despair in a UK prison setting?'

Giorgi's (1985) description of the method of EPA requires bracketing throughout all the steps of the analysis, thereby asking the researcher to attend to their perceived notions about the phenomenon under investigation and then attempt to put them into abeyance to attend to the client's description.

The analysis of the transcripts followed the four stages of EPA (Giorgi, 1985):

1. Sense of the whole – To begin to acquire a sense of the 'whole statement', each verbatim transcript was initially read several times (Giorgi, 1985: 10). This re-reading continued until the researcher felt that the general sense and language of the statement had become clear. The systematic reading of the transcript involved empathic immersion and reflection; a slow mediative process which involves attending to and magnifying the individual details (Wertz, 2005).

2. Discrimination of meaning units within a psychological perspective and focused on the phenomenon being researched – The transcripts were re-read for the purpose of the discrimination of meaning units 'from within a psychological perspective' (Giorgi, 1985: 10). The term meaning unit refers to a perceived

discrimination in the description, in that the researcher becomes aware of ‘a change in meaning, of the situation for the subject, that appears to be psychologically sensitive’ (Giorgi, 1985: 11). The transcript was thereby broken down and marked into units when a perceived change in meaning took place for the participant. An attempt at bracketing was considered important in that bracketing is thought to enable the divisions of the text to be those that naturally emerge, as opposed to those imposed by the researcher (Polkinghorne, 1989).

In discriminating the meaning units, a psychological perspective attuned to meaning relevant to working with a client in despair, was attempted. A process of distillation of the description took place for the resulting meaning units to assume this relevance. Initially, redundant and repetitive statements were removed (Moustakas, 1994). Then regrouping of similar statements took place, however the researcher tried to maintain temporal order of the description. Further, in the researcher’s acknowledgment that each stage of analysis brings with it a move away from the lived experience of the participant, it felt important at the stage of discrimination of meaning units to maintain the language of the participant.

3. Transformation of subject’s everyday expressions into psychological language with emphasis on the phenomenon being investigated – Thirdly, each meaning unit was then ‘transformed’ so as to ‘express the psychological insight contained in them more directly’ (Giorgi, 1985: 10). This stage involved a movement away from the participant’s everyday language as the researcher aimed to re-describe and express the main element of the participant’s meaning and naive language in each meaning unit through psychological language. This also involved

the processes of reflection and imaginative variation, in which, ‘the researcher intentionally alters, through imagination, various aspects of the experience, either subtracting from or adding to the proposed transformation’ (Polkinghorne, 1989: 55).

The researcher attempted to reflect on the phenomenon and what each meaning unit revealed about the phenomenon of working with a client in despair in a UK prison setting, in the face of the multiple possibilities, and then tested this thought in terms of imaginative variation, discarding non-essential meanings.

The presentation of meaning units in a table consisting of a discriminated meaning unit column, alongside a main element of meaning column, provided the researcher with a sense of clarity of context (Giorgi, 1985) when referring from the original discriminated meaning units to the transformed main elements of meaning.

4. Synthesis of transformed meaning units into a consistent statement of the structure of a psychotherapist working with a client in despair in the UK prison setting – Fourthly, the insights made by the researcher in the form of the transformed meaning units were synthesised and integrated in order to formulate a description of the psychological structure of the psychotherapist’s experience of working with a client in despair in a UK prison setting. This step had two levels; the Specific Descriptive Structure and the General Descriptive Structure (Giorgi, 1985).

For the Specific Descriptive Structure, the researcher integrated the transformed meaning units of each individual participant in order to create the specific statement of the individual characteristics of the participant (De Castro, 2003). A Specific Descriptive Structure was formulated for each of the ten participants. This structure attempts to answer the question, what is the psychological structure of working with a client in despair in a UK prison setting, as it presented itself to this participant in this particular situation?

Then the General Descriptive Structure of the psychological meaning of working with a client in despair in a UK prison setting was established through the bringing together of transformed meaning units for each participant and assessment of inter-relationships, commonalities and variations between meaning units and among participants. Using imaginative variation, the researcher described the essential structure of the lived experience from the perspective of the discipline (Giorgi, 1997). In this synthesis, all transformed meaning units must be taken into account.

The researcher decided to present the General Descriptive Structure by outlining the structure of the phenomenon, whilst using examples from the verbatim description of the participants to illustrate the structure (Wertz, 1985). This was achieved by clustering the various transformed meaning units, which resulted in the emergence of themes and sub-themes. The results of the analysis by EPA will be presented in Chapter 6, outlining the Specific and General Descriptive Structures reached through the analytic process.

In turn, Appendix 9 and 10 present the meaning unit tables and Specific Descriptive Structures for each participant respectively. This presentation, as outlined with regard to the transcripts, attempts to provide the reader with a reference point with which to refer to regarding the critique of the research processes, as well as providing context for the excerpts provided in Chapters 6 and 7 and most importantly, Chapter 8. Further, the data is presented in providing transparency and outlining how the researcher generated findings for each participant (Giorgi, 1989; Wertz et al., 2011).

The secondary analysis, by reverie, will now be outlined.

5.7.2 Reverie

Reverie is an intersubjective experience and not a technique or research method as such. In fact Ogden (1997) warns about reducing reverie to a method or set of stages to be carried out. As a result, the below is written in light of the acknowledgement that reverie can enable a way of thinking about data in research, as opposed to being framed as a method in producing findings. This is particularly important in that the task of representing reveries in research in terms of findings is impossible if we acknowledge that the very nature of reverie escapes us (Bachelard, 1994). In fact Cayne (2005: 141) spoke of the importance of reverie in the stages of data collection and analysis in the way it enabled ‘the possibility of something new and interplay between the saying and the said with the requirement to allow the saying a presence through the said rather than a return to the already said.’

Throughout the research process, reveries were noted and collected in a research journal. Reveries which communicated something about the research were noted from the initial communication with the participant, across the interview and transcription process and throughout the analysis by EPA and onwards. However it was acknowledged that the collection, collation and consideration of reveries in this research at some level involved attempting to capture the uncatchable.

The difficulty lay in enabling reverie to be a possibility for this research, without writing it in such a way that framed it as a method to be applied. In turn, Bachelard (1994) reminds us that despite reverie being unavailable to empirical study, it is simpler to adhere to positivistic methodology, whereby the psychologist is closed down to possibility but also to the anxiety of the unknown. However as suggested by Hollway (2011), contrary to the positivist structure often applied to research in phenomenological research methods, a different structure is required for thinking about research through reverie, as the structure within psychology, acts only to destroy exactly what it aims to realise (Bachelard, 1994).

Within this research, the researcher attempted to collect data through the interview, alongside reflexive notes and reveries collected within a research journal as noted above (Hollway, 2009). In turn, the reveries were taken to and discussed within the researcher's analysis at particular times when the researcher felt moved to do so. There seemed to be no particular method to this exploration, but there was something important about discussing particular aspects of the reverie in exploring the data through attending to subjectivity and the intersubjective, as an instrument in gaining knowledge of the phenomenon.

Following the completed analysis by EPA, the reflexive fieldnotes and researcher reveries, as well as those discussed within analysis were held in mind and further developed. Here the writings of Balint et al. (1993) on the method of infant observation seemed important, as he urges us to hold our observations in mind, arousing curiosity in a way which doesn't close down what we may hear from and through the observations we make. This method therefore requires one hearing and tolerating the inconsistent and the incomplete, drawing on confusion and our emergent imaginations. As Rustin suggests, the method:

Requires a space in the mind where thoughts can begin to take shape and where confused experiences can be held in an inchoate form until their meaning becomes clearer. This kind of mental functioning requires a capacity to tolerate anxiety, uncertainty, discomfort, helplessness, a sense of bombardment.

(1989: 20-21)

The researcher therefore attempted to consider the reveries in a way, which held the sayings, observations and occurrences in mind, without immediately shutting them down through interpretation or inference. As a result, the researcher attempted to hold the reveries until something came to mind about the experience. This required patience in sitting with reveries, and allowing thoughts to come to mind, or as Bion (1970) suggests, a delaying of interpretation through the rejection of the desire to know.

In support of this, it seemed important not to reduce the reveries to a structure or a set of findings. As a result, and despite the urge to locate a procedure for dealing with the reveries collected, the researcher refrained from this. This was particularly important as to locate a structure, one requires an end point, yet the researcher acknowledged the need to remain open to reveries which emerged throughout the whole process as opposed to limiting reveries to simple stages and times. In turn, and as suggested above, time was given for the reverie chapter to emerge as opposed to being formed as in systematised psychological research methods.

Further, this held important implications for where the reveries were considered and discussed in the research. Unlike in EPA, it was acknowledged that the process of reverie and in turn the final structures, were infinite and subject to review, edit and re-edit, in that they captured, not simply participant descriptions, but aspects of intersubjectivity. Next came the decision as to whether to include the reveries within the findings chapter, to produce a separate findings chapter for reverie or to involve reveries within the discussion chapter. For many reasons, the researcher wished not to class reveries as ‘findings’ as such, as it was felt that this was counter intuitive to the very nature of reverie. However there was also something important about presenting reverie in problematising phenomenological research and developing an alternative approach. As a result, it was decided to present the reverie within a secondary analysis chapter outlining what emerged from the analysis through reverie. Reveries will also be discussed as part of the discussion, in beginning to consider the above methodological questions.

Questions of translating and representing the reveries were also raised, as it was acknowledged that the process is potentially subject to language (Lacan, 1993), unconscious (Freud, 1915), as well as the relationship between knowledge and knower (Kierkegaard, 1941). According to Ogden (1997: 5), words and sentences are ever in motion and continually fluctuating. Therefore as he suggests, ‘the attempt to fix the meanings of words and sentences turns them into lifeless effigies, immobile stained cells preserved on laboratory slides that are only barely suggestive of the living tissue from which they came’.

This raises further questions as to how one can translate researcher reveries to paper, particularly given that this practice of translation is dependent not only on the writer in the capturing and conveyance of experience, but also the reader and reception of the words.

Further, through the development of an observational stance, Waddell (1988) speaks of the need to step away from the language of science, which refers to the external world, to the language of poetry and art, which represent the inner world. Further, in representing reverie, Brown (2006) suggests the need to let go of scientific writing, within which hypotheses are tested, and rules of theorising are developed (Craib, 1998). In turn Webb (1992: 750) speaks of how engaging with scientific writing produces alienated knowledge which emerges as an ‘objective stance and anonymous, invisible voice’.

Within the field of infant observation, there is an attempt to achieve a balance between the poetic (which is not the same as poetry) and scientific writing,

facilitating a high standard of literal accuracy alongside the emergence of the imaginative (Rustin, 1989). According to Sandler and Sandler (1994: 1001) this is expressed through attempting to remain ‘experience near’ when writing up about experience, as opposed to moving away from the experience, through interpretation. In turn, they suggest that creative writers need to ‘delve into the inner world, in order to create writing’ (Sandler and Sandler, 1994: 1001).

In many ways it seemed important, as Brown (2006) suggests, for reverie to speak for itself. Therefore through this, the researcher attempted to capture something of the experience of the reveries through their representation. An approach to this was through the scenic, which ‘animates our experience, rendering it subjectively meaningful and more alive’ (Bereswill et al., 2010: 234) and can be seen to capture the affective and embodied experience and meaning. Further:

It taps into a different mode of understanding – scenic understanding – that is more holistic, closer to tacit, unconscious knowing and capable of accessing societal-cultural unconscious knowledge. In this epistemology, unconscious knowledge is emphatically not synonymous with the personal or individual.

(Hollway,
2011: 3)

In turn, this scenic approach, involves an attempt not to provide a consistent story as such, but to hold contradictions, muddle and imagination in tension through the representation (Balint et al., 1993). However this also involved drawing verbatim

quotes from the participants into the representation of reveries, in presenting the knots, contradictions and tensions present in what was said or not said.

However the representation too involved an interpretation of this data in relation to the research topic (Boyatzis, 1998). In drawing together (or apart) the potential ideas or non-ideas within and across the reveries, this enabled a presentation of what the reveries may have said about the research and research question. However it was also acknowledged that through the drawing together of similarities and differences within the reveries, the research became subject to a potential closing down to the aspects of intersubjectivity that one was attempting to research. As a result, the researcher kept in mind, through the exploration of reverie, the possibility of what might and might not emerge in the between, and in the representation of the between. Each exposition could not be classed as finished or all encompassing, but instead, a drawing together of potential ideas which emerged throughout the research for the researcher at that particular moment in time, and remaining subject to.

As EPA is considered the starting point or initial analysis for this study, the secondary analysis by reverie will be presented in Chapter 7 following the initial analysis through EPA in Chapter 6. This secondary analysis may be thought of as a restructuring of the data whereby the initial analysis can be deconstructed and detranslated in order to highlight the deficiencies in the initial analysis, in this case through EPA. In turn, the implications of these findings through reverie for the development of a phenomenological approach to researching how the psychotherapist experiences working with a client in despair in a UK prison setting

will be discussed. It is hoped that this will open up new pathways for future approaches to research through the restructuring of the ideas and data developed out of the stages of data collection and analysis.

A discussion and comparison of the findings in Chapters 6 and 7 will then be considered in Chapter 8.

5.8 CONCLUSION

This chapter has considered the chosen ‘methods’ for this research which aims to explore how the psychotherapist experiences working with a client in despair in a UK prison setting. In particular, this chapter has outlined the research design and the research strategies used in this study, shaped by the methodology and its philosophical, phenomenological underpinnings (Silverman, 2000).

This included operationalising the research question, considering the sampling and location of participants, as well as attending to issues of generalisability and sample size. A consideration of ethical issues and questions posed by the quantitative concepts of reliability and validity were also considered. Finally, a consideration of the methods of and rationale for data collection and analysis was deemed important.

The initial and secondary analysis of the data and their emergent insights and realities will now be presented exploring how the psychotherapist experiences working with a client in despair in a UK prison setting. The findings from the analysis of EPA will now be presented in Chapter 6.

CHAPTER 6 INITIAL ANALYSIS OF DESPAIR: EPA

6.1 INTRODUCTION

The findings of qualitative research may be described as ‘the principal outcomes of a research project; what the project suggested, revealed or indicated’ (AQR, 2012). In turn, this often refers to the outcomes of analysis rather than specific implications, recommendations and conclusions drawn from the analysis. Further, it is acknowledged that the phenomenological research method of EPA, despite its aims, is inevitably located within positivistic thought where findings can be observed, located and represented through language.

However as opposed to reflecting principal outcomes from the research, this chapter hopes to be considered as presenting the initial analysis through EPA, exploring how the psychotherapist experiences working with a client in despair in a UK prison setting.

The presentation of the analysis through EPA, the phenomenological method of Giorgi (1985) is considered the initial analysis of the data, to which the secondary analysis of the data will be presented in Chapter 7 and discussed in contrast in Chapter 8. This initial analysis of the data exploring how the psychotherapist experiences working with a client in despair in a UK prison setting will now be presented.

6.2 ANALYSIS BY EPA

The phenomenological method of EPA attempts to identify the essential themes of the phenomenon as experienced. To provide transparency, and to illuminate how the researcher generated findings from meaning units, data from the different stages of analysis will be presented (Giorgi, 1985), following through how the researcher operationalised the different stages of the method of EPA. The names of participants have been changed to ensure anonymity.

Due to word restrictions, one participant, Karina, will be presented through the stages of analysis of the method. Firstly, an excerpt of the ‘meaning unit table’ is presented (Giorgi, 1985), along with a description of how the researcher attempted to extract and translate the meaning from the units. Secondly, Karina’s Specific Descriptive Structure, according to the method of EPA will be outlined. Thirdly, a General Descriptive Structure will be presented, integrating all ten participants’ meanings of working with a client in despair in a UK prison setting. The researcher will also attempt to describe the processes engaged in creating the General Descriptive Structure.

As outlined in Chapter 5, the reader may refer to Appendix 8 to 10 for the entire presentation of data.

6.2.1 Meaning Units

This section presents the processes followed in creating the meaning unit table for Karina. An excerpt of transcript, and the meaning unit table within which the discriminated meaning units were located in the left hand column, with the main

element of meaning in the right hand column, are also presented. The full verbatim transcript and meaning unit table for Karina and the nine other participants are presented in Appendix 8 and 9 respectively.

Initially, the researcher transcribed Karina's interview which was in the form of digital file, to create a verbatim transcript which included pauses, repetitions and part words (Kvale, 1996) as shown in the excerpt of the verbatim transcript below:

The first thought that comes to mind, um, and I thought it might be easy if I said, I tried hard not to think about it too much in advance, so if I just sort of associate. Um, I think, um to have a patient who's experiencing despair in a prison, would be a healthy development. Mostly I think my experience, my clinical experience, um, not entirely but mostly it's been defences against despair. Um, however they might present themselves and in some ways, I think the index offence is sometimes committed in order to defend against or prevent something darker, dangerous, perhaps more psychotic from happening. So I think despair is quite healthy, it's really healthy, and prisons are not healthy places (Appendix 8(C): Verbatim Transcript, Karina).

Karina's complete verbatim transcript was then read several times over until a familiarity had been gained with the description. Following this immersion in the transcript, the discrimination of meaning units from within a psychological perspective and relevant to the research question took place. Meaning units were

located where the researcher became aware of a change of meaning (Giorgi, 1985). Therefore Karina's transcript was broken down to mark the individual meaning units, with the process of distillation taking place to remove redundant and repetitive/similar statements. Throughout this process, an attempt at bracketing was made, something which Polkinghorne (1989) considers important in the division of the text into meaning units.

As can be shown from the below excerpt of the first stage of meaning unit discrimination for Karina (Figure 1), the researcher maintained the language of the participant and the temporal order of Karina's verbatim transcript:

Figure 1: Meaning Unit excerpt – Karina

Meaning Units	Main Element of Meaning
<p><i>1. The first thought that comes to mind and I thought it might be easy if I said, I tried hard not to think about it too much in advance, so if I just sort of associate.</i></p> <p><i>2. I think to have a patient who's experiencing despair in a prison, would be a healthy development.</i></p>	

<p><i>I think despair is quite healthy, it's really healthy, and prisons are not healthy places.</i></p>	
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Having listed the meaning units for Karina, the main element of meaning column is then formulated in the meaning unit table. This involved taking each individual meaning unit, and transforming the language in the meaning unit to express the psychological content within the meaning unit, more directly.

With regard to Karina's meaning units, the researcher reflected on what each meaning unit revealed about working with a client in despair in the UK prison setting, tested through the processes of reflection and imaginative variation. An excerpt of the transformed meaning units are presented below in Figure 2:

Figure 2: Main Element of Meaning Units – Karina

Meaning Units	Main Element of Meaning
<p>1. The first thought that comes to mind and I thought it might be easy if I said, I tried hard not to think about it too much in advance, so if I just sort of associate.</p>	<p><i>K tried not to think about the interview too much in advance and instead chose to free associate in the interview.</i></p>

<p>2. I think to have a patient who's experiencing despair in a prison, would be a healthy development.</p> <p>I think despair is quite healthy, it's really healthy, and prisons are not healthy places.</p>	<p><i>K thinks that the prisoner experiencing despair is a healthy development.</i></p> <p><i>Despair is healthy however prisons are not healthy places.</i></p>
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As shown above for Karina, the meaning units are presented in the meaning unit table, with discriminated meaning unit presented, alongside the corresponding main element of meaning (Giorgi, 1985). An excerpt of the completed meaning unit table for Karina is presented below in Figure 3:

Figure 3: Meaning Unit Table excerpt – Karina

Meaning Units	Main Element of Meaning
<p>1. The first thought that comes to mind and I thought it might be easy if I said, I tried hard not to think about it too much in advance, so if I just sort of associate.</p>	<p>K tried not to think about the interview too much in advance and instead chose to free associate in the interview.</p>
<p>2. I think to have a patient who's experiencing despair in a prison,</p>	<p>K thinks that the prisoner experiencing despair is a healthy development.</p>

<p>would be a healthy development.</p> <p>I think despair is quite healthy, it's really healthy, and prisons are not healthy places.</p>	<p>Despair is healthy however prisons are not healthy places.</p>
<p>3. Mostly I think my clinical experience, not entirely but mostly it's been defences against despair.</p>	<p>Most of K's clinical experience has been working with defences against despair.</p>
<p>4. However they might present themselves and in some ways, I think the index offence is sometimes committed in order to defend against or prevent something darker, dangerous, perhaps more psychotic from happening.</p>	<p>K thinks the index offence is sometimes committed in order to defend against something darker, dangerous and more psychotic from happening.</p>
<p>5. My clinical understanding has been that there comes a point in the therapy, in the sentence for the patient, when they've started to recognise the full extent of what they've done and that's</p>	<p>There comes a point in the therapy or sentence when the prisoner on recognising the full extent of what they have done and created for the future, experiences despair.</p>

<p>when they go into despair. When you really know yourself and know what you've done and how you've created a future for yourself. It's going to be immensely difficult, more difficult than it was before. That's when patients slide into despair and that's when I think they become most vulnerable and most at risk and suicidal attempts.</p>	<p>This slide into despair is when clients are vulnerable and at risk of suicidal attempts.</p>
<p>6. I think one has to be very, very, very careful as a clinical.</p>	<p>The clinician has to be very careful.</p>
<p>7. I think certainly at the beginnings of a treatment what you get are defences against despair, the denials, the I didn't do it, I'm innocent, it was a very bad judge, I was very unfortunate, people didn't understand me.</p>	<p>At the beginning of treatment, the client is often defended against despair.</p>

<p>8. Getting into lots of excitements, very kind of excited talk about exciting things, running round the prison, being involved in lots of activities, sometimes being completely inert, just laying in bed and all of these are kind of avoidance of feelings and you know, using drugs, getting quite heavily prescription medicated, growing hooch and drinking lots of that, getting into fights with the other women or with staff, arranging punishment for yourself, sexualisation, falling in love, having lesbian, homosexual relationships, all of which are about taking your mind of who you are, where you are and how you feel.</p>	<p>Involvement in activities, self-medication, fighting, sexualisation or even inertness are used to avoid the feelings of despair and take the prisoners minds off who and where they are.</p>
<p>9. Thinking in particular, many, many years ago when I was doing my training at the Portman Clinic and I was working in</p>	<p>One client K worked with at HMP Holloway while she was doing her psychoanalytic training.</p>

<p>Holloway. I worked with a teenager who had killed her child, she was convicted of manslaughter with the baby's father. A little girl who was two and she died over the Christmas holidays of starvation, neglect and long-term violence and torture inflicted on her little baby body. When my patient, who as I said was a teenager at the time of the offence, when she finally realised, I think was when she got her schedule papers that she was a registered offender, she could never be around children, she would never be able to have another baby, she had two sons who were quite a bit older, she was never going to be allowed to have unsupervised contact, it would be quite sparse contact with them. And she finally realised what had happened.</p>	<p>The teenage client was convicted of manslaughter along with her partner for the death of their daughter which involved starvation, neglect and long term torture.</p> <p>The client finally realised what had happened when she received her schedule papers stating she was a registered sex offender and wouldn't be allowed contact with children, including her 2 sons.</p>
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10. It was as I was quite experienced by that stage and I was anticipating it.	K was an experienced practitioner and anticipated this.
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As stated above, the full meaning unit table for Karina can be found in Appendix 9.

6.2.2 Specific Descriptive Structure

This section presents the Specific Descriptive Structure for Karina, containing all transformed meaning units specific to Karina, integrated into a statement about the structure of the phenomenon of working with a client in despair in a UK prison setting.

The focus of the Specific Descriptive Structure is integrating the transformed meaning units in Karina's meaning unit table, in order to create the specific statement of the individual characteristics of the participant (De Castro, 2003). The researcher therefore integrated all of Karina's transformed meaning units, grouping similar statements and removing further repetitions, therefore gradually reducing the data in illuminating the essential nature of the phenomenon.

This structure, presented in Figure 4, attempted to answer the question, what is the psychological structure of working with a client in despair in the UK prison setting, according to Karina.

Figure 4: Specific Descriptive Structure – Karina

Despair, which is associated with a sense of powerlessness and nothingness, is a difficult phenomenon to get a handle on. Despair is a part of being alive and is vital to change, however we need to find ways of accepting and coping with despair.

A prisoner experiencing despair would be, in Karina's view, a healthy development although prisons are not healthy places. As despair is in the fabric of the prison organisation, one has to deal with it systemically. The organisation can often be seen to sabotage prisoner's progress, with staff under stress and self-medicating. In fact a recent forensic counselling service imploded due to the internal tensions and contradictions essential to forensic work, which weren't managed effectively.

Karina's clinical work with despair often involves working with defences against despair. In her view, the index offence is sometimes committed in order to defend against something darker, dangerous and more psychotic from happening. These defences are necessary and healthy, however without becoming prematurely exposed, we need to continue to explore the despair at a slow pace.

Within the sentence, there is often a time when on recognising the full extent of what they have done, the client experiences despair, becomes vulnerable and may be at risk of suicide attempts. The clinician has to be very careful at this point in the work. In this state, clients and staff often become very active to lift themselves out of the despair or to take their minds off who and where they are. This is because although we need to visit despair, it can be crucifying for any particular length of time.

This level and depth of feeling is unique to forensic work, as working with despair in forensic settings, you have to temper the despair with a degree of suspicion. Therapy with despair should facilitate the clients to gain an acceptance of themselves as the architect of their difficulties, rejecting the sense of themselves as victim. However it is important to note that when forensic patients reach dark places, they often lash out. As a result, Karina feels we need to remain attuned to patient's potential for dangerousness in ensuring the safety of the work, institution and society as a whole. Accordingly, therapists working within the prison system have a responsibility for security and safety, often putting client and therapist in an awkward position.

Although there isn't an absolute protocol for dealing with despair, the realisation of how awful it feels to think about it may be important. However the work for Karina isn't simply about sitting with despair.

Feeling bleak and hopeless as therapists, we need to protect ourselves so as not to get sucked into the despair. Karina even noticed she felt cut off and defended in the interview, trying to talk about feelings without feeling them. Her experience of her response to despair is non-verbal as often the despair cannot be verbalised. Karina also experiences holding it in the body through somatisation. Finally, Karina notices therapists respond by outing the experience from their minds, through forgetting.

Karina worked with a teenage client convicted of manslaughter along with her partner, for the death of their daughter, which involved starvation, neglect and long

term torture. The client's sense of catastrophe, devastation and bewilderment at what she had done, comes closest to Karina's understanding of despair.

Then on realising she was a registered sex offender, the client became vulnerable and attempted to hang herself. Wing staff notified Karina that the client had asked to see her, however on visiting the client, Karina was caught in a lockdown, which resulted in Karina experiencing despair. However she also questioned what she would have been able to do on seeing the client. This was followed by the client's request for a transfer which often occurs when the awfulness of the situation becomes too difficult for client and staff who want to either move on or move away from the difficult feelings.

Karina's despair was compounded by how quickly the client's talk moved on from exploring the awfulness, to sickening and perverse material. In turn, Karina felt so sickened by the client's unthinkable story that it made her physically sick. The high profile case was particularly difficult as Karina was saturated by media stories about her client, which is a burden for the clinician working with a perpetrator. The work was so stressful that Karina became disillusioned, dark and wary of people. In turn, the concrete trauma she experienced was only resolved years later when she took part in a preventative education project.

A second difficult patient Karina worked with many years ago, called to update Karina on her progress. Despite previously being a drug addict and a serial offender, the therapeutic work with Karina enabled the client to realise her agency. The client had decided to use her agency and on completing her sentence, got a job

counselling young people. Karina was moved by how much this woman had achieved despite her difficulties and uses this as an example of how we close off the developmental pathways of our clients if we get caught in dark, institutional narratives saturated in hopelessness and despair.

Karina's psychoanalytic training gave her a structure of forensic practice, teaching her skills for going into the room and staying in the room. These skills include being unsentimental, being fierce with regard to defence and having an understanding of the transference, countertransference. This is particularly important as Karina feels one has to hold the prisoner as victim and perpetrator at all times in order to work effectively and to understand the offence by linking it to developmental history and victimology.

Working with despair, Karina had excellent supervision with a specialist supervisor. However she felt too hopeless, sick, dirty and anguished to take up the available help. In turn, the supervision group failed her as they became too interested in the glorified case and couldn't see the despair. However Karina acknowledges that when the clinician faces despair, they can be helped by others empathising with the difficulty.

Karina is disappointed that there is little supervision offering clinicians a forensic structure of thinking. Supervising trainees in a number of forensic settings, Karina challenges them to think about the client as victim and perpetrator, considering the reality of the crime. Karina also feels she needs to help the supervisees develop their armour so that they and others are not put in danger. She becomes concerned

when supervisees self-medicate and become overactive or overthink despair. At this point, she feels it may be appropriate for practitioners to take this to personal therapy.

Again, the reader may refer to Appendix 10, for the presentation of the full set of Specific Descriptive Structures.

6.2.3 General Descriptive Structure

This section presents the General Descriptive Structure; a structure of the general nature of the phenomenon of working with a client in despair in the UK prison setting, integrating all ten participants' meanings.

In creating the General Descriptive Structure of the psychological meaning of working with a client in despair in a UK prison setting, all transformed meaning units across participants were brought together, with attention to the inter-relationships, commonalities and variations between transformed meaning units and among participants.

For this description, all transformed meaning units are to be taken into account, and therefore, the researcher took each transformed meaning unit and first clustered meaning units according to similar themes. Next, within the five main themes which emerged through the clustering, the researcher located any sub-themes emerging from the theme, again through the process of clustering. Having acknowledged themes and sub themes, the researcher then used imaginative variation to describe the essential structure of the lived experience in each statement

(Giorgi, 1997). Alongside outlining the structure of the phenomenon through description, the researcher also decided to present the Structure using examples from the participant's verbatim descriptions, to illustrate the structure (Wertz, 1985).

Five main themes, presented in Figure 5, were generated from the meaning units:

1. The Prisoner's Experience of Despair
2. Therapeutic Response to Despair
3. Barriers to Working Therapeutically in the Prison Setting
4. Evocation in the Psychotherapist
5. Supporting the Psychotherapist

One may refer to the Method, Chapter 4, section 4.2, for a summary of the demographics of the 10 participants presented in the following Structure.

Figure 5: General Descriptive Structure

1. The Prisoner's Experience of Despair

Participants attempted to define despair, alongside describing the prison as a source of despair and the flashpoints for and manifestations of the prisoner's despair.

Defining Despair

The participants described despair as a mixed phenomenon associated with a lack of hope, possibility and future. The existential phenomenon, which runs alongside depression, involves a sense of nothingness, powerlessness and brokenness. All participants acknowledged that there are a number of different kinds of despair, both conscious and unconscious.

Further, as a powerful, negative human emotion, despair can destabilise people's foundations, leading most to turn from it. Despair can also have a seductive nature, associated with an erotic sense of care.

Prison as a Source of Despair

Despair in prison is symbolised by the closing of the cell door, cutting off connection with the outside world, with the future and with hope. For the participants, despair was inextricably linked to the prison institution and environment as Dingane explained:

*The prison context was part and parcel of why they were despairing
because it was stolid, obdurate and didn't move.*

The prison was described as hugely sensorily deprived yet saturated with aversive stimuli. For Beth, the despair emanates from the prison buildings, lack of space and sense of isolation.

The prison was described as a challenging, coercive, inhumane microcosm that dehumanises people without awareness of process or dynamics. And despite having a role in the rehabilitation of prisoners, the prison was seen to repeat bad attachments, reinforcing prisoner's sense of despair, as Beth explained:

It's like a not good enough mother, so it takes care but takes care quite badly. It feeds you, but it feeds you shit.

In turn, the draconian organisation can often be seen to sabotage prisoner's progress, due to poor management of the internal tensions and contradictions essential to forensic work, leading to a sense of hopelessness, self-harm and suicide.

Flashpoints for Despair

Participants expressed how despair was in and between every sentence in the work. The despair was associated with the fact that the prisoners enter prison damaged and vulnerable, with broken lives and despairing stories. As Moira explained:

A lot of these people have actually lived with despair because their very first experiences of life were in such devastating situations of abuse, deprivation, and brutalisation, that their default position was despair.

In fact, the commonality between prisoner's early lives and their offences was seen as reflecting a sense of hopelessness. In turn, difficult events and relationship breakdowns outside of the prison were considered flashpoints for despair.

Participants also spoke of the despair arising as a result of the experience of being in prison. Due to the experience of powerlessness which runs through the prison experience, prisoners, unlike other clients, lack agency, choice and control which can lead to despair and anger. In turn, the experience of despair is a healthy response, resulting from the shock and loss and total change from normal life to prison life.

Despair was considered as arising through a prisoner's perception that their actions are hopeless and worthless, raising fundamental existential questions around how we navigate our futile, hopeless existence.

Participants also acknowledged that the prisoners experience despair because they are faced with the self-inflicted consequences of their actions, such as guilt over their sentence and the loss of relationship and future. Particularly at the recognition of their crime, the client experiences despair and may become vulnerable and at risk of suicide attempts. Further, the punishment often feeds this sense of despair as Leland found:

These people are punished again and again so he would be punished and that would just confirm his worldview and feed into that sense of despair and hopelessness that nobody would ever understand him.

Participants also felt the prisoners despair is heavily affected by the views of others, associated with feeling rejected or viewed as bad by significant others.

Manifestation of Prisoner's Despair

In the participant's experience, despair may come to the client in different forms dependent on the type of offence committed and point in the prisoner's sentence. For Moira, once the prisoners adjust psychologically to the prison, she encounters their despair not so much in their presentation, but in the difficult and devastating stories.

Participants associated the prisoner's despair with a sense of futility, desperation, hopelessness, helplessness, anxiety, anger and slumped presentation, as well as behaviours such as manipulation of others, violence, obsessions and suicide. However Beth expressed that her client's despair was not reducible to suicidal intent.

In turn, the prisoner's despair was often labelled an unconscious or defended despair. This in Karina's experience is inextricably linked with the index offence, committed in order to defend against something darker, dangerous and psychotic from occurring.

2. Therapeutic Response to Despair

Participants described how there was no absolute protocol for working with prisoners in despair. However in prisoners gaining awareness and acceptance of their difficulties, they also spoke of the importance of being alongside the prisoner in despair, the need for a more directive approach and hope as important in the work.

No Absolute Protocol

It seems there is no absolute protocol for dealing with despair. Further, the participants felt at a loss with how to work with despairing clients in pain and in hopeless situations. As Laura stated:

You do begin to despair what you can do with despair, as it's not an easy thing to work with.

Participants described how the client's form of despair, offender profile and personal resources might also inform their therapeutic response.

Awareness and Acceptance

The concepts of awareness and acceptance were also considered important in the work. For six therapists, the objective of the work with despair was to encourage the prisoners to gain an awareness of their situation, despite acknowledging the despair is irreparable. As Karina explained;

We are only doing the work so that our patients can get to know themselves better, and by getting to know themselves it's accepting they are the architect of their difficulties they are responsible for the offences they have committed.

This increase in awareness is therefore vital in enabling prisoners to live alongside and cope with their realities and for Leland, in order for clients to live authentically.

Being Alongside the Prisoner in Despair

Participants suggested that effective work with despair involved sitting with and being alongside the client, vital in developing the prisoner's trust as well as allowing time, space and containment within which to explore the despair. In turn, consistency, empathy and congruency were vital in developing a therapeutic relationship.

However attempting to sit with the difficult despair, participants described an urge to back off from the work, avoiding the feelings evoked. As Dean acknowledged:

There is an atmosphere, almost an active conspiracy and compliance with a covering up the despair, between you and the client.

Therefore despite attempting to stay with the despair, therapists often engaged with the client's defences against despair.

A Directive Approach

Seven participants also spoke of the need for a more directive approach to working with despair. As Moira explained:

I believe it appropriate to be much more directive, as a person who is feeling despair or desperate doesn't have a motor or motivation to kick start them.

This is vital given that prisoners in despair don't know what help they need or how to approach the help. For Jenny, a directive approach enabled her to remain emphatic whilst refraining from being too confluent.

However it is important to note that for three participants, directive work with despair, such as CBT, often involved an avoidance of despair without therapeutic value. Accordingly, Dingane wondered whether the client's despair galvanized him into acting on the client's despair, drawing him into a 'rescuer' dynamic.

Need for Hope

Hope was considered a vital aspect of the work by all participants as Laura suggested:

The opposite of despair is hope. And sometimes what I would explore with them was what hope they did hold for the future, what they could imagine for themselves.

The need for hope was considered particularly important given the client's loss of agency and feelings of powerless and helplessness in the work.

However participants acknowledged how hope posed important challenges for the work with despair, preventing therapists from sitting with and acknowledging the full extent of the other's despair. Therefore for Beth, working with despair is about maintaining a balance; providing hope whilst attempting to stay with the despair.

Working with the Offender in Despair

Working with a number of serious offences and diagnoses such as psychosis, Antisocial Behavioural Disorder and psychopathy, participants described the unique difficulties associated with forensic work. In particular, the need to remain attuned to the patient's potential for dangerousness in ensuring the safety of the work, institution and society as a whole was acknowledged. As Karina explained:

Our patients in prisons are absolutely victims and they are also perpetrators and in order to do the work properly, you have to hold those two ideas in mind, at all times.

This raised questions as to whether therapists can be usefully present to the clients in despair if the clients are considered dangerous and manipulative, as one has to temper the despair with a degree of suspicion. Participants also discussed a need to appease the prisoners through fear of violent behaviour and acting out.

The offence-focused work with prisoners in despair often involved discussing the gap between thoughts and actions, facilitating a consideration of the impact of their often abusive crimes and attempting to challenge the client's faulty, twisted thinking. However the work is often subject to dynamics such as the core complex, where the client fearing intimacy, pulls back from the relationship. Participants acknowledged the need to protect themselves against the client's seductive way of thinking.

3. Barriers to Working Therapeutically in the Prison Setting

Participants described potential barriers to therapeutic work in the prison setting including the chaotic prison context, prison policies and procedures, interacting with prison staff, the counselling set-up and the need for a systemic response to despair.

Chaotic Prison Context

Despite participants suggesting the therapeutic work in prison was about providing a careful dialogue, it was felt this wasn't supported by the chaotic prison context. *In*

fact it was acknowledged that it is often impossible to work past or through the unique strain the prison puts on the therapeutic relationship.

Prison Policies and Procedures

Participants despaired over the perverse prison policies and procedures, including the need to report despairing clients so that they could be observed. And despite needing to disclose client's risk through the ACCT procedure, therapists felt anxious adhering to this policy which resulted in the client being observed by staff.

As Beth explained:

It's a despair watch to watch over their despair. We [the prison] put them in despair but we make sure we watch over them.

This also mirrored the issue around observations of the counselling sessions, which can lead to mistrust and an inability for prisoners to express their vulnerabilities.

Interacting with Prison Staff

The prison officers had a huge impact on the prisoners, symbolising a substitute family. However, both therapists and clients experienced an awful formality when interacting with prison staff. In turn, prison officers coercive and violent behaviour towards prisoners led to feelings of utter futility and despair in the clients and staff.

Counselling Set-up in Prison

Participants reflected on the impossible task of counselling in prison, particularly given the shortage of rooms, and lack of privacy and peace. Jenny struggled to facilitate prisoners to engage and be emotionally open to their difficult stuff in the chaotic context. Further, the transient nature of the prison population often meant the therapist was left holding a lingering sense of despair over a client disappearing out of the system. A third difficult issue was the fact that clients were physically locked-in in sessions; something at odds with the therapeutic ethos helping clients find agency.

The therapeutic provider also has an effect on the therapeutic work, for example, the humanistic counselling provider Beth worked for, was in sync with despair whereas the psychodynamic provider pathologised despair and was unable to listen to it.

Systemic Response to Despair

As despair is in the fabric of the prison organisation, participants spoke of the need to deal with it systemically. As Moira expressed:

I think our prison system needs root and branch renovation, because it has become desperate.

Participants felt this renovation was required to deal with the lack of resources, high rates of reoffending and lack of proper rehabilitation and security. In turn, the lack

of rehabilitation in the prisons left clients and staff experiencing despair, resigned to the fact the prisoners would commit further offences. However Karina also warned therapists against becoming caught in dark institutional narratives saturated in despair, as this can close off the developmental pathways of the clients.

4. Evocation in the Psychotherapist

Participants described the work with despair as a place of vulnerability, which deskilled the psychotherapist and led to defences against despair.

Despair as a Place of Vulnerability

As well as holding the client's feelings of loss, sadness and pain, participants found the work with despair touched on the therapist's own vulnerabilities and intense feelings of despair, hopelessness, and sadness. However the participants also questioned whether the sense of despair was their own, the client's despair, or something occurring within the relationship.

This was alongside feelings of frustration and anger that emanated from the work. As Dingane explained, feeling somnambulistic and hopeless in the work, he felt aggression towards the client who he thought had infected him with despair.

For Kerry, the felt vulnerability was largely associated with working with despair in the prison setting:

There's no warning that you are going to be faced with human beings or humanness in all its worst shapes and forms and all these uncontained emotions that are flying around, that I think as therapists we pick up.

In particular, working with a high profile case, the media stories became a burden for Karina and the work, leading her to feel disillusioned dark and wary of people.

However despite this fact, Leland acknowledges he deals with his despair, and gives meaning to his life by working therapeutically with the client's despair which often means he leaves the sessions feeling hopeful.

Deskilling the Psychotherapist

All participants acknowledged that despair by its very nature leaves the therapist feeling unskilled and unclear how to respond. In fact Kerry doesn't know how to cope with despair, nor does she know how she worked with it or managed it in the work.

Participants wondered whether they had the skills and expertise to help the clients in despair, as Karina expressed:

Did I do everything I could? No I didn't, because you're never going to in this situation.

In turn it was acknowledged that there is only so much one can do as a therapist working in the prison with despair. This was particularly important as Dingane suggested a factor specific to the prison as a non-therapeutic environment, was the feeling of powerlessness and lack of agency of the therapist and client.

Despair can have a profound impact on the therapist, often leading the therapist to want to do, take or feel something. Although she was an experienced practitioner, working in the prison threw Beth off balance. In turn, despite feeling she was dragged into a bottomless hole in the work with a client in despair, the work enabled Sabine to explore her personal and professional response to this.

Defending against Despair

All participants discussed their defences against overwhelming despair in the work. For Karina these defences are necessary and healthy, however without becoming prematurely exposed, we need to continue to explore the despair at a slow pace.

The participants also experienced an overwhelming sense of wanting to escape the overwhelming, uncontained feelings, or to shut them down internally, in the work and the interview. For example, in the interview, Karina attempted to talk about feelings without feeling them. In turn as she suggests, despair is held in the body and outed from the mind:

*You literally go out of your mind, both the clinician and the patient
so I think it involves forgetting and somatisation.*

Finally, participants recalled repressing their experience of the prison environment. Dean expressed how incredibly easy it was to deny the presence of despair by engaging mentally with hope and the future and/or ignoring the despair.

5. Supporting the Psychotherapist

Working in an unsupportive prison setting, participants considered supervision and training, processing despair and personal attributes as important in supporting them.

The Unsupportive Setting

Seven participants referred to the prison as an unsupportive setting, within which they felt uncontained and suffocated. In particular participants described the polarity of routine and chaos as unbearable. In fact Dean suggested that therapists should be prepared for working with despair in the prison before committing to working with clients. Only Dingane experienced the unmovable and unbending qualities of the prison as helpful in the work in ensuring he wasn't drawn into the despair.

Supervision and Training

All participants acknowledged the importance of supervision in supporting the therapist in prison to recognise and tolerate the despair in the work. As Laura stated:

Sometimes I got a weighed down feeling and I think it was time to really pull on supervision. It was immensely helpful to explore those feelings.

Supervision was also considered important in protecting the therapist. For example, through supervision, Jenny was able to develop through visualization, her protection against the client's strong psychic presence.

However the usefulness of the supervision was dependent on the skills, forensic knowledge and experience of the supervisor as well as the therapist's ability to take up the space available. Participants also spoke of how their defences against despair led to an avoidance of the clients despair in the supervision.

In turn, the emergence of despair in her group supervision left Karina feeling lost, inactive and unable to use the help available:

My supervisor said to me many years down the line, I think we really let you down. We weren't able to help you with this patient and I said well you know I wasn't able to understand what help was like.

Training, reading and continuing professional development were also considered important in developing a structure for practicing in the prison setting. For Jenny, this was about remaining professionally sharp whereas for Karina, her training developed her skills for working with the 'offender' in despair.

Processing the Despair

In acknowledging there is a limit to how much one can deal with despair due to its exposing and draining nature, participants described personal approaches to processing their sense of despair. Debriefing with colleagues, physical activity and non-verbal approaches were considered particularly important in alleviating the despair. For Jenny the therapist must begin with a focused state of mind, maintaining this and processing despair by clearing the mind in between clients.

However, despite attempts at processing the despair, it is not eliminated and lingers with the therapist. In particular, the concrete trauma Karina experienced was only resolved years later when she took part in a preventative education project:

The project was so important because I was no longer waking up with a cold sweat in the middle of the night, because of that experience of unbelievable awfulness.

In turn, participants spoke of burying, internalising or defending their despair. Having considered he had processed the despair, Dean was surprised with his difficult experience of speaking about despair in the interview.

In turn, participants discussed the importance of personal therapy and in some cases, a return to personal therapy in processing their lingering sense of despair.

Personal Attributes

Finally participant's personal attributes were considered important in combating the despair. For Beth, her optimistic, energetic personality enables her to be in touch with her desperation and not to be too scared of these experiences.

6.3 CONCLUSION

This chapter presented the findings from the initial analysis of the data through EPA. In turn, alongside presenting data from each of the stages of the analysis, the five main themes generated from the analysis have been outlined.

Within the following chapter the secondary analysis of the data through reverie will be presented in order to enable a discussion on the phenomenological method of EPA, as well as what failed to emerge through the initial analysis by EPA. Further, this will pave the way for a deconstruction of the initial analysis through EPA in Chapter 8, as well as a discussion around the potential of reverie for researching despair.

CHAPTER 7

SECONDARY ANALYSIS OF DESPAIR: REVERIE

7.1 INTRODUCTION

This chapter, through the acknowledgement of the need to approach researching the phenomenon of working with a client in despair in the UK prison setting differently, will attend, through reverie, to the between in research, potentially exploring aspects which have failed to emerge through the research method of EPA.

As previously outlined, reverie includes all aspects of thought, feeling, fantasy, rumination and bodily sensation, which in this case, emerge between researcher and researched and are often disconnected from current content and action (Ogden, 1997). Here reverie was viewed as a process in which metaphors are created that give shape to the researcher's experience of the between (Arlow, 1979; Edelson, 1983).

As stated in Chapter 7, the results or findings in research often indicate the outcomes of a study. However the nature of reverie stands contrary to psychology's perspective on the fixed, finalised nature of research findings. Through considering the nature of reverie as ever in flux (Ogden, 1997), despite the attempt at the reproduction of researcher reveries in this section, the acknowledgment is made that the researchers reveries are in fact un-reproducible.

Consequently, in the spirit of reverie, the words within this chapter will remain loosely ‘fastened to the page’ (Frost, 1929: 713). Further the researcher will attempt to present reveries through the poetic as opposed to the scientific and through the scenic, alongside the presentation of verbatim quotes.

7.2 REVERIES

Some of the researcher reveries, which emerged through the exploration of how the psychotherapist experiences working with a client in despair in a UK prison setting, and were captured in the research journal, will be presented. The reveries were broadly grouped under ‘Reverie and the Emergence of Despair’, ‘Reverie and the Prison Environment’ and ‘Reverie and Defences against Despair’. However these groups aim not to categorise reveries under headings as such, but to allow the text to speak for itself. Therefore the categories allow for consideration of interpersonal reverie, as well as a consideration of the whole text (Cayne, 2005).

Further, as opposed to remaining within the objective confines of the research question, the use of reverie within this research attempted to facilitate the emergence of the contradictions, digressions, silences and inconsistencies which speak of the subject (Kris, 1997), as opposed to simply discussing the similarities and differences. Finally, reveries are not confined to the theme they sit within, as it is understood that the reveries may say something more than the group within which they are located in this chapter.

For clarity, verbatim quotes will be presented along with research journal entries and researcher reveries.

7.2.1 Reverie and the Emergence of Despair

Within the interviews, the researcher became aware of how the phenomenon of despair emerged not simply through the said, but also through the saying and intersubjective experience, emerging between researcher and participant. It was potentially through the awareness of reverie that the researcher was able to see that what felt profound in the research, was not what was said about the topic, but the way in which participants navigated the research. Particular examples of the emergence of despair in the interviews will now be outlined.

Within this research project, out of the ten interviews, five participants requested the recording to be turned off within the interview and a further sixth participant requested to hear about the research project from the researcher part way through the interview. These breaks in the research were met with a palpable anxiety, with what was experienced as a wish to break off from the interview. As Kerry expressed:

I notice even now just talking about it; it's kind of this battle about, just wanting to, just to stop. And I'm just trying to think is that because its exposing to talk about despair, does it bring up my own vulnerabilities or my own um, pain or my own despair?...I think despair's just, just really hard, I find it really hard to work with

because I find it really hard to stay with it (Appendix 8(A):
Verbatim Transcript, Kerry).

It seemed important that Kerry could speak of this within the interview, however Kerry and the other participants who requested a break in the interview spoke of wanting to ‘gather thoughts’, ‘check in with the research question’, ‘have a breather’, or as in Kerry’s case, ‘to make sure I’m answering the question OK’.

The researcher noted with her journal:

It felt as though in the interviews, the participants were restricted, only able to breathe and speak freely when the recording was on a break. It was almost as if participants became alive in these breaks (Research Journal, 5th September 2012).

In this, the researcher felt she heard an aspect of experience that at times the participants did not seem to be as acutely aware of.

Interestingly, Laura spoke of how difficult it was for the client to face his issues, before she herself requested a break from the interview:

I was with a client who suddenly said I just don’t want to talk about this particular issue anymore.

He felt that if he talked about it, he would have to face the fact he had the condition and he knew the issue he really needed to talk about was that and because he didn't want to go there, because he felt it was too distressing, he wanted to stop talking and I said well of course you can stop talking (Appendix 8(E): Verbatim Transcript, Laura).

It was as Laura spoke of this that the researcher began to sense the darkness in the room, almost a sense of Laura not being able to breathe. It was at this point, that a reverie in the researcher's journal, seemed to reveal something about the phenomenon of despair:

A sick overwhelming lack of escape. Laura spoke her words as if she was vomiting them. I began to see a fog around her – suffocating her until she was shrunk down in her chair. Loose/ lose/ lost?

As if she wants me to say she can stop talking. To pull the plug, and to release the fumes of suffocation (Research Journal, 8th August 2011).

The researcher reveries around the suffocation of Laura seemed to speak of her wish to stop talking due to her sense of distress. In turn, this theme continued throughout the interview as she spoke of the difficulty of the other talking of their despair.

This recurring phenomenon seemed important, as a break in the interview wasn't mentioned within the briefing for the research. Further, in the researcher's previous project exploring how the psychotherapist experiences working with a client in despair, no participants requested a break in the interview (Gee, 2010). The researcher wondered whether this said something important about the work with despair in the prison setting, as well as the participants, and potentially the researcher's own sense of despair.

Further, as Kerry later expressed:

I feel guilty that I didn't pick up on his despair. Um, I didn't see it, didn't recognise it. Um, maybe unconsciously I didn't want to see it, I don't know. Um, but I think as a therapist, I think there's probably so much despair that we can work with or hold (Appendix 8(A): Verbatim Transcript, Kerry).

This raised particular questions about the work and in turn the research with despair, requiring participants to connect with both their client's and their own sense of the despair in the interviews. The researcher's reveries felt particularly important in communicating Kerry's experience of the phenomenon:

Sitting in the room, opposite Kerry, yet at an angle, it became apparent across the 50 minutes that she reclined; from a sitting position to a lying position, ending with her lying across the couch.

With her, I sat as if I had grown in my chair, with pad and paper. As Kerry outlined her conscious and unconscious processes openly without interruption, I became aware of the ‘analytic situation’ emerging within the interview, as well as my experience of sitting analysing Kerry (Research Journal, 21st July 2011).

This seemed important given that Kerry had spoken in the interview of her surprise at the effect speaking of despair had on her, and how it suggested a need to return to therapy. Had this need for ‘therapy’ played out within the interview? The researcher wondered what had occurred, and in turn, how much despair the participants had been able to hold in the interviews.

Another important phenomenon was the talk which occurred about despair, before and after the interview. It seemed that when the tape turned off, the participants spoke with a certain freeness about their experience of despair, alongside their experience of the interview.

For example, Dingane, in the briefing exercise, was able to speak openly about despair and how he had wanted to take part in the interview to support others working in the tortuous prison environment, with a torturous phenomenon such as despair. The researcher noted in her research journal:

Dingane delved into personal examples of working with despair and what had initially come to mind when he had received the research briefing. He sat openly, leaning to reach books on the topic, in what

felt like an unstructured and swirling account (Research Journal, 25th August 2011).

However despite what was experienced as a free, almost swirling account of despair, when the tape began, both the saying and the said felt disconnected from what had previously been observed. As the researcher noted:

Cut off.

Disconnected.

Distanced.

1234.

Different participant, different experience. (Research Journal, 2nd August 2011).

Dingane's language and descriptions felt structured and compartmentalised as he spoke of clients in order, numbering them in turn and referring to them by their numbers. In fact, this too was reflected in the way the researcher represented her reveries in the research journal during the interview, as shown above. Dingane referred to:

The, the, all of those things that I've just said, the solidness, the, um, unbending and unmovable qualities of the prison are what were helped me as a kind of psychotherapist not be too much drawn into it, because you could close a door (Appendix 8(D): Verbatim Transcript, Dingane).

The researcher had a sense that a parallel process was playing out as the ‘unbending, unmovable quality of the recorder’ (Research Journal, 2nd August 2011) and recording, enabled Dingane to close the door and not to be drawn into the despair in comparison to before and after the interview. In turn, it felt impossible for the researcher to follow what was a story, given the structure Dingane was imposing on the interview, leading to the researcher experiencing confusion as well as a sense of frustration.

It seemed difficult for Dingane to remain open to this despair in the prison setting, with the prison setting offering not a safety as he suggested, but a closing down to experience. Interestingly, after the interview, a freeing up of Dingane was also experienced, where through the debriefing exercise, he described the experience of despair with open language, ‘flitting to and fro between experiences’ (Research Journal, 2nd August 2011).

Dingane requested the recording of the interview so that he could capture ‘anything profound’ he had said about despair. The researcher heard a request driven by Dingane’s anxiety as opposed to his interest. Further, contrary to his request, the researcher in fact wondered whether attending to the saying as opposed to what was said, both during and before/after the interview was what offered something profound about the experience of working with despair in the prison setting.

This seems a particularly important experience for another reason also, in that immediately following the interview, the researcher could not play Dingane’s

interview back, and could only hear silence on the playback. The interview had in fact recorded but the volume had turned down between the end of the interview and the researcher playing back the tape. Yet the researcher wondered whether the sense of anxiety, which emerged from the incident, had something to do with the researcher not wanting to play back the interview. It was through this, that the researcher heard the importance of what one hears, the content of what is heard and what can't be heard; the saying, the said and the unsaid/unheard, when analysing the interview.

Interestingly, within the interview with Laura, the researcher felt a need to help or rescue Laura from the sense of despair. Further, there was something about Laura's sense of despair in how she described the prisoner's despair:

It's almost like being down a well and somebody's, there's a rope just dangling you might just be able to, if you, you know, something might just pull you out if you, but you gotta somehow find the strength to reach up and grab it (Appendix 8(E): Verbatim Transcript, Laura).

The researcher noted that far from just being a description of the client's despair, this seemed to play out throughout the interview with Laura as she repeatedly asked the researcher, 'are you getting what you want from this' and asked of the researcher, 'are you able to help me?' (Appendix 8(E): Verbatim Transcript, Laura). As the researcher noted in her journal:

She wanted help – would I help her? Could I help her? Holding hope? Agency?

A recurring image of the rope – a desperation and need to hold onto something. However the image of a rope, as something destructive also (Research Journal, 8th August 2011).

In turn, the desperation in Laura's voice was palpable through her diminishing volume and deadpan tone. This was alongside the desperation felt by the researcher in the interview situation with Laura. As a result, this seemed to communicate more to the researcher about Laura's sense of despair in the work, than what she seemed to be describing.

Similarly, something important within Moira's interview occurred which informed the researcher about the phenomenon of despair in the prison setting. Within the interview, Moira suggested:

I've never touched despair in, in the work. Um, irritation when um, someone I'd worked with came back after being out for three weeks, irritation but not despair, a case of what on earth are you doing back here (Appendix 8(J): Verbatim Transcript, Moira).

However on exploring how one may sense despair in the other, Moira outlined how despair shows on the face, eyes, hair and the flexibility of the skin:

So it shows, it shows on people's faces, it shows in their eyes, it shows in the, err, lack of, of, of, what's the word, sort of flexibility in their skin, um, it shows in the way they walk, it shows in the way they hold their shoulders, their heads...I mean I use the word smell, feel, it would, any, I could use any of the sense, um, of despair. Masked because people have to mask it but it's there, it's an underlying feeling, taste, touch, whatever you want to. You don't often see it but you feel it, taste it, touch it, smell it, despair (Appendix 8(J): Verbatim Transcript, Moira).

This seemed particularly important as part way through the interview, the researcher became aware of a change in Moira's presentation and appearance, represented as follows:

Moira sat in the chair, seemingly disappearing into it. Colour drained from Moira and her surroundings. Sitting in the large room, Moira appeared very small as she spoke in a lacklustre, deadened way of how she has never touched on despair in the work. As she spoke, a visual change also emerged, as if Moira's grey hair turned black, with the flexibility disappearing from her face, leaving her face long and grey (Research Journal, 29th January 2012).

Within this, the researcher felt as if she had heard something important about Moira's own sense of despair in the work, contrary to what she 'said' about the phenomenon.

7.2.2 Reverie and the Prison Environment

The prison environment emerged as a focus of the participant's descriptions as Dean outlined:

The extra strain that this system and the environment puts on that working relationship means that, err, in that situation and quite a few others that I can think of, the, the, you know, the, you can't work past it and you can't work through it (Appendix 8(D): Verbatim Transcript, Dean).

Throughout the interviews, and in particular, the researcher's reveries, something of the prison environment seemed to emerge. Aspects of this will now be outlined.

Within the interviews the researcher recalled a palpable anxiety about the environment within which the research interviews were taking place, despite this not initially seeming a concern. For example, with Sabine, carrying out the research in a university room, the researcher experienced a felt anxiety about the research environment and an urge to lock the very tall, looming doors to the room:

Sitting in the room with Sabine, despite the doors remaining closed, an awareness of the unlocked doors and an urge to correct this became apparent. How could a key be located to lock the door, in keeping the research safe from intrusions and what felt like something destructive? (Research Journal, 7th December 2011).

This reverie seemed particularly important as at this time, the participant requested to break off from the interview and in doing so, to stop the tape and to reconvene after the break.

On listening to the tape and reading through the transcript of Sabine's interview, it appears there was a lot of 'talk' within the interview, yet despair was rarely mentioned and no talk of the participant's own sense of despair occurred. Interestingly, after the interview finished, the participant stated that she had struggled with the interview and had in fact lost the sense of where she was, also at times feeling as though she was at the prison. Through the researcher's reverie, what was being communicated about the research question and the prison environment? Was the felt anxiety associated with a need to protect the researcher and participant from the despair? Or had something else emerged?

According to participants, the prison environment was an important aspect of the interview, spoken of in terms of it being a trigger or cause of the prisoner's despair. Dingane spoke of the 'draconian authoritarianism' and 'stolid structure', which led the prisoners to despair. However the talk of the structure, routine, doors and keys seemed to detract from the participant's sense of despair. Within the research journal, the researcher noted:

Like the prison structure; it was almost as if the concrete nature of the prison gave the participants safety, drawing them away from the

abstract nature of their own despair (Research Journal, 9th August 2011).

In fact in the transcription, the researcher observed a deadening each time the participants described the prison as the source of despair.

However within Beth's interview, something of the prison environment emerged in the intersubjective as opposed to what was simply described verbally. Within the evening interview, the participant stated she didn't like artificial lights and so the lights used were dim, leaving the room in darkness. Further as the researcher noted:

The turbulent weather, wind and rain rattled the windows leaving a humming and rattling against a backdrop of silence. The sense of darkness pervaded the interview (Research Journal, 9th December 2012).

As researcher and researched sat in the semi-dark room, with the sounds the participant had vividly described as being part of the prison environment, the researcher was transported to the despairing prison environment. In turn, the researcher became aware of the poem 'Wind' by Ted Hughes (1957) as if the dangerous and turbulent nature of the wind represented something important about what Beth had to say about the research question:

This house has been far out at sea all night,
The woods crashing through darkness, the booming hills,

Winds stampeding the fields under the window
Floundering black astride and blinding wet

Till day rose; then under an orange sky
The hills had new places, and wind wielded
Blade-light, luminous black and emerald,
Flexing like the lens of a mad eye.

At noon I scaled along the house-side as far as
The coal-house door. Once I looked up -
Through the brunt wind that dented the balls of my eyes
The tent of the hills drummed and strained its guyrope,

The fields quivering, the skyline a grimace,
At any second to bang and vanish with a flap;
The wind flung a magpie away and a black-
Back gull bent like an iron bar slowly. The house

Rang like some fine green goblet in the note
That any second would shatter it. Now deep
In chairs, in front of the great fire, we grip
Our hearts and cannot entertain book, thought,

Or each other. We watch the fire blazing,
And feel the roots of the house move, but sit on,

Seeing the window tremble to come in,
Hearing the stones cry out under the horizons.

(Hughes,

1957)

The researcher became particularly aware of the shadows in the room created by the wind, from the people, and from the rain and trees outside the room, wondering what the shadows signified. This reverie seemed important with regard to the way Beth suggested one may learn about despair:

I think this is where you can catch despair almost like um, like a
shadow of something (Appendix 8(G): Verbatim Transcript, Beth).

Through this shadow had the researcher ‘caught’ something important about despair in the prison setting?

It is interesting to note that the talk of the prison environment and set up seemed to take up at least a third of each interview. Having assimilated Dean’s comment of how one can’t work through or past the prison setting, the researcher began to wonder what this might say about the research. In researching despair, the researcher in fact wondered whether the talk about the prison setting, in some way acted to separate the therapist from the sense of despair and darkness. As Leland outlined:

Prison is thought about by a lot of people as a dustbin its, it's on the edge of society, so we've pushed these people in there, we've demonised them and then we don't have to deal with those aspects in ourselves (Appendix 8(H): Verbatim Transcript, Leland).

And further as Kerry suggested:

There is something unbearable about it, having to face, like prison in a way, going to prison, its going, facing all our demons and all our hidden sides that we don't want to sort of look at and face, which you kind of do when you are in there. But as soon as you've left, you can shut, shut that gate and not have to consider it (Appendix 8(A): Verbatim Transcript, Kerry).

What aspects of the participant's experience were they able to avoid, through the demonisation of the prison environment and prisoners? And in turn, what aspects were the participants avoiding through this talk of the prison? The researcher wondered if the prison environment was too difficult to face as through this, the participants were faced with their own demons. Further, it was felt that this 'shutting the gate' could be used to separate oneself from this shadow side.

The researcher also wondered what the 'deadness' she too experienced may have been about with regards to the research question. As Dean had initially suggested, it seemed as though when working with or researching aspects of this prison setting, you can't seem to work past it or through it.

7.2.3 Defences against despair

Throughout the interviews, the researcher sensed the participants, and potentially also her own ‘defences’ against despair. In turn, she became aware of her reveries as the interviews played out. At times, there seemed to be an avoidance of the despair, whilst at other times, participants engaged in theorising or engagement with a sense of hope. However, starting from phenomenology, this project rejects a fixed psychoanalytic definition of ‘defences’ and in fact began with this word, from the emergence of it through, and in the participant’s descriptions. The below will outline examples where the researcher felt something of these defences emerged in the research

Throughout the interview with Karina, the researcher sensed a ‘cut-offness’ where she felt closed off to the participant and to any sense of feeling. This also involved feeling cut-off to any reveries that might have emerged. In turn, the researcher had a sense that researcher and researched were ‘talking around or through the topic, without speaking of it’ (Research Journal, 23rd February 2012). This seemed similar to the therapeutic relationship, and what the therapist might come across when working with defences.

Looking around the room, which seemed particularly bleak and desolate, the researcher wondered what was so awful that it couldn’t take up a space in the interview. As Karina stated towards the end of the interview:

I think I am feeling very defended, very defended, um, trying to talk about feelings without going into them (Appendix 8(C): Verbatim Transcript, Karina).

Importantly, Karina's transcription was particularly difficult as the researcher noted, 'the interview was difficult to transcribe as the content felt particularly perverse, persecutory and dark' (Research Journal, 23rd February 2012). The researcher considered it torturous to experience the content of the interview and analyse through EPA. However despite having initially sat through the interview, on exploring this, she came to realise that she was hearing its perverse, dark nature for the first time.

Further, as the researcher noted in her journal:

Despite the understanding that the interview took place in a University room, bleak and isolated and with no distractions, throughout the transcription I became aware of the sounds of what appeared to be children playing, talking and shouting outside the room. This felt particularly difficult as the focus of the interview was the despair of a child abuser Karina worked with. Had these noises been too difficult to acknowledge within the interview? (Research Journal, 28th July 2011).

Writing reveries in the journal for Karina, the researcher had referred to despair as ‘a closing off’, which communicated something important about the research with Karina.

However the researcher wondered whether this had something to do with protection from the despair, for both herself and Karina, as Karina had suggested:

I don’t feel bad about defending against despair because you know, I think better minds than mine have gone through it, recognised that they have had to protect themselves against it (Appendix 8(C): Verbatim Transcript, Karina).

For the researcher, this highlighted the difficulty of facing the others’, and one’s own despair. This held further implications for how we may research despair, whilst upholding our responsibility for the wellbeing of the researched.

Within Kerry’s interview, the researcher sensed a different form of cut-offness, as Kerry explained:

The image is a sort of cell door slamming behind them, and just cutting off everything cutting off. Sort of their connection with the outside world, cutting off their connection with the future in a way, um, it’s almost like the slam of that door casts off any hope. But I think as a therapist working in, in that environment you have to be quite, um, in a way have my own internal door that I slammed just to

protect myself and, and my feelings (Appendix 8(A): Verbatim Transcript, Kerry).

In the interview the researcher sensed this ‘internal door’, however without an accompanying palpable sense of anxiety or feeling. It seemed as if Kerry was saying all the ‘right things’, but the researcher felt she wasn’t gaining any sense of Kerry’s despair or what is what like to work with despair.

The researcher was also aware of Kerry’s own understanding of herself, and how this raised questions about how one may research a topic such as despair:

I use words very well as a defence. So, unless, the sup, supervisor or the therapist is very attuned into that or knows who to work with that, I, I can kinda get away with it. Um, I think my emotions, my feelings are very well guarded (Appendix 8(A): Verbatim Transcript, Kerry).

Throughout the interview, Kerry used theory to outline her work with despair, and in turn her own conscious and unconscious processes. However it became clearer that this was theory about theorising, something which the researcher felt protected both the researched and researcher from the overwhelming despair. As the researcher noted:

Hearing about theorising, a sense of theorising emerged. Theorising about theorising. Or as here, theorising about theorising about theorising (Research Journal, 11th November 2012).

In turn, and similar to other interviews, the phenomenon of hope emerged as a defence against despair for Kerry:

I find it very difficult to sit with despair, um, maybe my kinda way of looking at hope or whatever is my defence against despair (Appendix 8(A): Verbatim Transcript, Kerry).

The researcher noticed that each time Kerry would begin to unpack the experience of despair for the client or herself, she would spring back to a place of hope, motivation or change:

Like falling awake, Kerry sprung back to hope. She sat up and disconnected from the sense of despair that was seemingly consuming her (Research Journal, 7th June 2011).

In turn, the researcher recalled a fragment of a poem called ‘The Prisoner: A Fragment’ by Emily Bronte (1846), which seemed to communicate something of what Kerry was expressing:

Still, let my tyrants know, I am not doomed to wear
Year after year in gloom, and desolate despair;

A messenger of Hope comes every night to me,
And offers for short life, eternal liberty.

(Bronte et al.,

1846: 19)

This seemed to communicate something important about how Kerry works with despair in the prison setting. In turn, the researcher began to wonder whether this ‘was’ the experience of working with despair for Kerry.

The researcher also became aware of the wider experience of despair, as throughout the life of the research, the researcher was told of a painting which represented Hope (Bills, 2012), by her analyst and a number of actual and potential participants.



Hope by G. F. Watts

However despite attempting to represent a sense of hope and optimism, the Watt's Gallery website notes that G K Chesterton commented that the painting should be called Despair (Bills, 2012). In turn, Bills suggests:

It is, in fact, Hope in Despair. An evocation of the human condition; the ability of people, at their lowest point to sense and feel a strand, a single string of hope that keeps them going, when all around is failing.

2012)

Did this single strand emerge within the interview with Kerry and others, during the research process? In turn, did the desire for hope emerge as an experience for the researcher?

Moving on to consider Jenny's interview, we see that it was particularly interesting as before the interview began, she outlined her interest in despair and in particular phenomenology, exploring how she engages with phenomenology in her work and thinking, in the hope of letting a sense of possibility emerge. In turn, she had stated a particular interest in the research question and how we might research this in remaining open to our experience, as with phenomenology.

However the actual experience of the interview was particularly different to what the researcher heard of Jenny's interest prior to the interview starting. As the recorder was put into action and the research question stated, Jenny seemed to change as expressed through the researcher reverie below:

In the interview, I held in mind a distinct image of a clam, withdrawing from danger, as Jenny sat, clutching her keys with one hand, and the other hand on her heart. This position seemed to be propping her up; keeping her alive (Research Journal, 22nd January 2012).

After 6 minutes of speaking on the topic, Jenny stated that she had said all she had to say and it was at this point that I restated the question to elongate the interview. I wondered why I had felt the urge to do this but recalled an urge to attempt to correct this ‘bad interview’ and to capture something of Jenny as she was before the interview (Research Journal, 30th February 2012).

The researcher considered that despair was too painful a place for Jenny to be in, both in the interview and in the work. The researcher also noticed an anxiety within herself different from her experience in the other interviews, alongside a need to ask more questions than usual. With this sense of overwhelming anxiety and despair, the researcher’s fantasy suggested that Jenny wished to retreat. However despite the researcher’s sense, Jenny explained:

I just found that quite hard and what we were doing was quite hard so I wouldn’t say I felt despair but I did think that you know I, you know I had response, obviously to being in prison and yeah, that sometimes you have a response to what you’re hearing, the content of what people have got to say but the whole business of being in prison and, and what, what isn’t spoken about, you know, so you know so how difficult it is on all those, those kind of levels (Appendix 8(I): Verbatim Transcript, Jenny).

Within the interview, the researcher found it near impossible to understand what Jenny was saying, as she repeated words, seemingly missing important words and

speaking in what was experienced as an almost monotonous tone, like Morse code, as captured in the research journal during the interview:

Unclear. ? No idea what is being said. Can't capture the story.

Closed off? Foreign language? (Research Journal, 30th February 2012).

At times it even felt as if her language was foreign which left the researcher wondering what was lost in translation in the interview, a world away from how Jenny spoke within the introduction to the research.

Finally, for Dingane, something he was able to say gave further insight into both the despair experienced in the interviews, as well as the despair in the work:

It was almost like it was a brick wall, which is maybe an unfortunate metaphor in terms of the prison, but I could feel that he was in, in a sense despairing, but it was almost as if I, um, was absolutely insistent to myself not to be drawn into the despair (Appendix 8(D): Verbatim Transcript, Dingane).

As the researcher sat with Dingane, it was almost as if this brick wall was apparent in the work and the interview, existing as a barrier to protect himself from the despair. On analysing Dingane's interview through EPA, the researcher noted in her journal:

How could one hear about working with the phenomenon of despair if this brick wall closed one down to the possibility of speaking about the despair? (Research Journal, 2nd August 2011).

Further, the researcher felt that in the above, she had heard the participant's insistence not to be drawn into one's own or the other's despair, which seemed to occur within all of the interviews, however in different ways. It was in this that the researcher gained a sense how psychotherapists experience working with despair in the prison setting.

It was through the attempt to attend to the researcher's experience of what was said and how it was said, as well as an attendance to the intersubjective, that the researcher became aware of what had not emerged through the research method. In turn, the researcher acknowledged the need to approach researching the phenomenon of working with a client in despair in a UK prison setting, differently.

7.3 CONCLUSION

This chapter has presented the findings from the secondary analysis of the data through reverie, outlining the researcher's reveries which seemed to communicate something about the research question.

The following chapter will begin by reviewing the claims of the research including the implications and limitations of the research design and findings. Lastly, a discussion of future research will be outlined, exploring whether the phenomenon

could be approached differently. In particular, the question will be raised as to whether reverie can enable us to remain more open to what may emerge through the dialectical relationship between person and world (Merleau-Ponty, 1962).

CHAPTER 8

POSSIBILITY OF RESEARCHING DESPAIR

8.1 INTRODUCTION

As outlined previously, this study, which aims to carry out a methodological study through an exploration of how psychotherapists experience working with clients in despair in a UK prison setting, has a twofold focus. The first is the phenomenological project, whereby a phenomenological analysis of the data collected is carried out through an initial analysis by an empirical phenomenological research method, and a secondary analysis by reverie.

The second focus refers to researching phenomenology, through which notions of 'phenomenological research' are problematised through contrasting the initial and secondary analysis of the data. Within this, questions are raised with regard to the possibility of a phenomenological approach to psychotherapeutic research, which is apposite with phenomenology's philosophical aims. Through this, questions can be raised as to whether reverie can enable us to remain more open to what may emerge through the dialectical relationship between person and world (Merleau-Ponty, 1962).

As discussed, this project draws on phenomenology as outlined by Merleau-Ponty (1962), which suggests that the experience of the phenomenon, both in research and practice may be located in the dialectical relationship of person and world. In turn, meaning in research may be considered to emerge through this dialectical relationship. It is through this that the research attempts to open up a discussion on

the possibility of a phenomenological approach to research, which remains open to the possibility of possibility.

In particular, this project, as outlined, aims to explore contrasting forms of phenomenology in research, problematising the abundance of phenomenological research methods, which as suggested here are broadly empirical, systematised and tend to psychologise the notion of phenomenology.

Through its acknowledgement of the need to approach researching phenomena differently, this chapter will describe and compare the initial analysis of participant's descriptions in interviews using the phenomenological method of EPA (Giorgi, 1985) with the secondary analysis by reverie. It is through this that the possibility of a phenomenological approach to research in this study will be explored.

This chapter will therefore begin by discussing the implications of the findings from the analysis through EPA presented in Chapter 6. The findings will be discussed in relation to the literature provided in Chapters 2 and 3, outlining similarities as well as potential differences between these findings and what is presented in the literature with regards to theory and past research.

Next, the limitations of EPA and phenomenological research methods will be presented, drawing on the findings from reverie in Chapter 7 with regard to how the psychotherapist experiences working in a UK prison setting. A contrast will be made between the initial analysis by EPA and the secondary analysis through

reverie, paving the way for epistemological and methodological questions raised with regard to research through phenomenology in the final section.

Finally, a discussion of future research will be outlined, exploring whether the phenomenon of despair could be approached through reverie, in a way that enables the possibility of a phenomenological approach to research.

8.2 SUMMARY OF FINDINGS: EPA

The five main themes generated from the analysis by EPA will be discussed in relation to the literature discussed in Chapters 2 and 3. However as this study acknowledges that knowledge gained in this study can never be finalised or absolute, this section aims to explore the findings arising from EPA, without suggesting these findings present an end point or the ‘knowledge’ emerging from the study. As a result, initially the theme outlining The Prisoner’s Experience of Despair will be discussed, followed by the Therapeutic Response to Despair, Barriers to Working Therapeutically in the Prison Setting, Evocation in the Psychotherapist and finally the implications for Supporting the Psychotherapist in the work with despair.

In terms of generalisation, emerging through phenomenological study, the findings in this study are not meant to be generalisable (Morse, 1991). As a result, although the sample was considered as one that could provide a range of experiences within the sub-group of psychotherapists working with a client in despair in a UK prison setting, the study is not concerned with generalisability in terms of the study being

representative of the whole population (Black, 1993). Therefore the below will attempt to generalize for the sample of psychotherapists interviewed only. The researchers concern therefore can be seen to lie in the possibility the results can offer others (Perakyla, 2004).

The implications of these themes as arising through the analysis of EPA will now be outlined.

8.2.1 The Prisoner's Experience of Despair

The psychotherapists described despair as a mixed, yet destabilising phenomenon, which runs alongside depression and involves a lack of hope, possibility, power and future (Towl and Crighton, 2002). Further, in support of Kierkegaard's (1989) writings on the possibility of a despair which functions on an unconscious level, all psychotherapists acknowledged that despair can be conscious or unconscious. In turn, despair was viewed by the psychotherapists as manifesting itself in the prison setting through a sense of desperation, anxiety and anger, as well as manipulation of others, violence, obsessions and suicide.

According to the psychotherapists' descriptions, the internal tensions and contradictions essential to forensic work were viewed as leading to a sense of hopelessness, self-harm and suicide. Further, in line with forensic writings, the prisoner's despair was viewed by the psychotherapists as arising, not only from the prisoner's broken lives, but also as a result of the challenging and coercive environment (Cox, 1978; Power et al., 1997; Palmer and Connelly, 2005; Digard, 2010). In particular, the psychotherapists interviewed stated that prison was seen as

a major cause of despair, as Backett (1987) suggests, leaving prisoners feeling resourceless, overwhelmed, lost and despairing. This may be considered as standing contrary to Kierkegaard's view that despair is over the self and therefore that despair cannot be over something, such as the prison (Kierkegaard, 1989; Sartre, 1958).

Within the interviews, despair was considered by the psychotherapists as arising through the prisoner's perception that their actions are hopeless and worthless, raising fundamental existential questions around how they navigate existence which is futile and hopeless. This seems to raise questions in line with Cooper's (2003) writings on the Sartrean perspective, within which our lives have no given automatic meaning and there exists only the meanings we endow our lives with.

8.2.2 Therapeutic Response to Despair

Despite the psychotherapists in the study acknowledging that there is no absolute protocol for dealing with despair in the prison setting, some of the psychotherapists also acknowledged that the therapeutic response is informed by the prisoner's form of despair, offender profile and personal resources (Towl and Forbes, 2002). This potentially highlights the importance of the client's unique experience of despair in the therapeutic response (Heaton, 2009). This can also be considered as supporting previous research which suggests there is no clear way of responding to a client in despair (Gee, 2010; Gee and Loewenthal, 2011).

The psychotherapists also described effective work with despair as involving sitting with and being alongside the client. Lowery (1984) advocates that the psychotherapist's response emphasises the importance of the therapeutic

relationship, within which acceptance, awareness, trust and containment are promoted in exploring the despair. This seems to hold potential importance given that Crewe (2009) describes an imbalance of power and lack of trust which can often exist within the therapeutic relationship, between therapist and client in the prison setting. In turn, this could be seen as supporting Wood's (2007) suggestion of the importance of containing and tolerating the prisoner's emotions in enabling them to come to contain their own emotions.

The psychotherapists in the study also spoke of the need for a more directive approach to working with despair, preventing a confluence between psychotherapist and prisoner. According to the psychotherapist's descriptions, without this direction, as Ziegler and McEvoy (2000) suggest, the psychotherapists experienced a complete loss of possibility themselves within which they felt unable to help the client to consider possibility. However this may be considered as standing contrary to Kierkegaard's (1989) rejection of superficial strategies in the resolution of despair.

Further, for some of the psychotherapists in the study, the directive approach was associated with an avoidance of despair without therapeutic value. This seemed particularly important as psychotherapists also outlined an urge to avoid the despair and work, through engaging with the client's defences, or being galvanized into action.

Hope in the work was also considered by the psychotherapists interviewed as posing important challenges for the work with despair, preventing therapists from sitting with and acknowledging the full extent of the other's despair. This may

support Towl and Forbes's (2002) view that the therapist must be cautious of sending the client further into despair through attempts to alleviate the prisoner's despair. Importantly, Safran (1999) suggests that it is by learning to tolerate their own feelings of despair and impotence as a helper, the psychotherapist may refrain from engaging in actions that hinder their ability to engage with the client.

Importantly, the psychotherapists also highlighted the unique difficulties associated with forensic work, particularly the need to remain attuned to the patient's potential for dangerousness in ensuring the safety of the work, institution and society as a whole. Further, the question was raised in the psychotherapist interviews as to whether therapists can be usefully present to this client group, particularly given that the work is often subject to dynamics such as the core complex and prisoners seductive, twisted ways of thinking (Wood, 2007).

8.2.3 Barriers to Working Therapeutically in the Prison Setting

Within the interviews, psychotherapists spoke of their experience of barriers to working therapeutically in the prison setting. In fact, psychotherapists viewed therapy as an impossible task in the chaotic prison environment, particularly given the perverse policies, difficult relationships with prison officers and lack of space, privacy and peace. For example, Harvey and Smedley (2010) call on therapists to be aware of the barriers the prison environment presents, such as security and probation protocols.

This seems apposite with Huffman's (2006: 326) view that 'the punitive nature of prison pervades all interactions'. This may be further linked to the punitive aspects of the work reported by the psychotherapists in the interviews, such as the security

reporting, fact gathering and safety protocol activities that prison staff, including psychotherapists, are often obliged to work to.

The psychotherapists also stated that despair, which lies in the very fabric of the organisation, and leads to a sense of resignation and utter futility in the clients and staff, must be dealt with systemically. This was considered vital by psychotherapists in dealing with the lack of resources, high rates of reoffending and lack of proper rehabilitation and security.

However despite warning therapists against becoming caught in dark institutional narratives, the psychotherapists also acknowledged that it is often impossible to work past or through the unique strain the prison puts on the therapeutic relationship (Carlen and Tombs, 2006).

8.2.4 Evocation in the Psychotherapist

In support of the literature, the psychotherapists described how the therapeutic work with despair in the prison setting is a place of vulnerability, calling on the psychotherapist to hold the client's despair and loss (Towl and Forbes, 2002; Adshead, 2001; Wood, 2007). In turn, they described how the hopelessness the therapist is often left with when working with despair, can trigger a sense of despair or anger at the despairing client. Further, the work, touching on the therapist's own vulnerabilities and despair, led the psychotherapists in this study to question whether the sense of despair was their own, the client's despair, or something occurring within the relationship (Safran, 1999).

The psychotherapists also suggested that working with despair in the prison setting, by its very nature, leaves the therapist feeling unskilled, powerless and lacking agency (Towl and Forbes, 2002). This seems to hold similarities with Kierkegaard's (1989: 81) depiction of the despairer's confidant, led to 'death' by the consuming nature of the others despair. In turn, the psychotherapists, feeling thrown off balance by the despair, questioned their skills and expertise for working with despair. However this may be considered key given that Kierkegaard (1989) posits that the despairer cannot have hope in the possibility of this help from another.

Despite psychotherapists considering the defences against despair in the work as necessary and healthy, they described experiencing an overwhelming sense of wanting to escape the overwhelming, uncontained feelings, or to shut them down internally, for example, by denying the presence of despair in the work. This seems to be apposite with Adshead's (2001) suggestion that when faced with prisoners in despair, therapists must somehow avoid falling into either angry despair or mindless optimism.

8.2.5 Supporting the Psychotherapist

The psychotherapist's descriptions of the phenomenon suggested that working in the unsupportive prison environment, the psychotherapists struggled with the polarity of routine and chaos and unbendable qualities of the prison. In fact they suggested that all psychotherapists should be prepared for working with despair in the prison before committing to working with clients. This supports Harvey and Smedley's (2010) view that psychological therapists should hold an understanding

of imprisonment and the barriers the prison environment presents, before working therapeutically in the setting.

As Haley (2010) outlines, the psychotherapists considered supervision as important in supporting the psychotherapist to recognise and tolerate the despair in the work. However the usefulness of supervision was also viewed by the psychotherapists as dependent on the skills, forensic knowledge and experience of the supervisor, as well as the therapist's personal attributes and the ability to take up the space available.

Training, reading and continuing professional development were also considered important by the psychotherapists in developing a structure for practice with prisoners in despair. This supports previous findings, which suggested that training is considered an important aspect of the psychotherapists' development in the therapeutic work with despair (Gee, 2010; Gee and Loewenthal, 2011). Further, the psychotherapists stated they developed personal approaches to processing their sense of despair, through debriefing with colleagues, personal therapy, physical activity and non-verbal approaches. However despite these attempts at processing the despair, the psychotherapists suggested that despair is not eliminated and lingers with the therapist.

Having outlined the findings from the initial analysis by EPA, the following section will explore its limitations, drawing on the analysis through reverie and paving the way to consider the possibility of a phenomenological approach to research.

8.3 RESEARCHING DESPAIR: LIMITATIONS AND REVERIE

As previously outlined, for Giorgi (1985), the phenomenological method attempts to understand the meaning of a phenomenon, through an exploration of the phenomenon as experienced. This suggests that we may gain knowledge of the phenomenon of working with a client in despair in a UK prison setting through obtaining a description of the phenomenon as lived. However, in discussing the findings and limitations of the research, as well as the analysis of reverie, the researcher became aware of what had not emerged through the research method of EPA.

In turn, it was through the initial analysis by EPA, that the researcher acknowledged the need to approach researching the phenomenon of working with a client in despair in a UK prison setting differently, in a way that allows the research to remain open to what may emerge in the between (Merleau-Ponty, 1962). Further, drawing on the secondary analysis by reverie, the researcher became particularly aware of how this secondary analysis enabled this research to remain open to the intersubjective, in gaining knowledge of the phenomenon. Through outlining the limitations of EPA, this section will enable a form of comparison between the initial analysis using the phenomenological research method EPA and the secondary analysis through reverie.

8.3.1 'Phenomenological Research'

It is through the research process and presentation of the findings through EPA, as well as the analysis through reverie, that the researcher became aware of the

limitations of the research design and the research method. In turn, questions were raised about the possibility of phenomenological research.

As previously suggested, phenomenological research methods aim to focus on the subjective, lived experience of the participant and through this, attempt to offer a shift from the quantitative, cause and effect approach to research (Corbin and Strauss, 1998). In turn, Giorgi's method of EPA, despite being an 'empirical' phenomenological research method, beginning within the descriptive tradition but mediated in line with 'scientific practices', is said to enable this shift from the quantitative (Giorgi, 2000: 4). However it is van Manen (1997), who indicates that phenomenological research stands contrary to phenomenology in its attempt to systematise and psychologise the notion. If phenomenology does imply research as Husserl (1960) suggests, then doesn't the phrase phenomenological research become redundant, as Loewenthal (2007) states?

The phenomenological research method of EPA was chosen as appropriate for this research in that it enables the researcher to gather descriptions of the phenomenon as experienced. This seemed particularly important given that despair, as the focus of this research, is something that can be understood only through attendance to human consciousness, according to Kierkegaard (Heaton, 2009). In turn Giorgi (1985) suggests that it is only through attending to the phenomenon as experienced, that one has the opportunity to locate the essence of the phenomenon. However, through the researchers' attempts to gather meanings essential to working with a client in despair in a UK prison setting through EPA (Giorgi, 1997), there was a

realisation of the problematic of reaching this essence, particularly through a scientific, empirical research method (Gee, 2010; Gee and Loewenthal, 2011).

An initial difficulty that arose with regard to locating the essence of the participant's experience, was language and EPA's attempt to adhere to the participant's description of the phenomenon as experienced. As outlined in Chapter 7, through reverie the researcher became aware in the interviews of how the phenomenon of despair in the prison setting emerged not simply through the said, but also through the saying. For Lacan, words convey multiple meanings, suggesting it is impossible for one to assume a clear meaning from what is spoken of by the other (Sarup, 1983). This seems apposite with phenomenology, with its interest in the phenomenon as experienced, however this also raises questions as to how we can research a phenomenon through the spoken word.

An important element within the research was the participant requested breaks within the interviews, which were felt to be an escape from the interview and the palpable anxiety brought about by the interviews. Within the researcher's reveries, it was noted that despite rationalisations being provided for why breaks were legitimately requested, the researcher sensed a restriction within the interview, which lifted only when the tape wasn't recording. For the researcher, this said something important about the research, raising questions around the difficulties connecting with another's and one's own sense of despair. In turn this led the researcher to question how much despair the participants and in turn the researcher, had been able to hold in the interviews.

For example, within the interview with Karina, the researcher heard something important in what Karina spoke about with regard to working with a client in despair in the prison setting:

What happened after that was, we were, began to get into some sort of conversation about the events and how she felt, but, err, it was very quickly followed by her request for a transfer to another prison, this is what tends to, this is what tends to happen when you really get into the sheer, relentless awfulness of what it's all about. It becomes just too much and too difficult and the patient, the psychotherapist, the officers, people who are looking after them get into a kind of, um, quite florid excitement about doing something, doing by moving on or moving away from these incredibly difficult feelings. My despair, I think, was compounded by her talk, very quickly moved away from ideas about awfulness to some very twisted, quite sickening, perverse material (Appendix 8(C): Verbatim Transcript, Karina).

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Within this, the researcher heard, not only the psychotherapist's urge to escape the despair within the work, but also to escape the 'incredibly difficult feelings' within the interview. In turn, the researcher's analysis of this, which was informed by reverie, was around Karina's urge to escape the toxicity of despair, which further closed down her ability to speak of it in the interview. However if we were to observe simply the said in its current format, as opposed to the saying, an EPA

analysis of what was said would lead one to suggest that Karina was outlining the difficulties emerging within the prison work.

In turn, following through the stages of EPA, removing non-essential and repetitive statements, grouping statements and transforming the meaning into psychological language, the researcher was aware that something was lost within what was said, leaving a neat description around Karina's experience of working with despair in the UK prison setting:

The client and K discussed the events and how the client felt.

This was quickly followed by the client's request to be moved to another prison.

Transfers are often requested when you get into the sheer relentless, awfulness which becomes too difficult for client and staff who want to do something and either move on or move away from the difficult feelings.

K's despair was compounded by how quickly the clients talk moved on from exploring the awfulness to sickening and perverse material (Appendix 9(C): Meaning Unit, Karina).

This EPA formulated description spoke not of the difficult nature of despair within the interview, or even the difficult nature of the 'other's' despair, but a concrete

statement about prison moves and transfers in response to the feelings evoked by the prisoner's despair. In turn, it was acknowledged that the significant nature of this statement had escaped the final product.

Derrida calls to us, to question the instability of language (Loewenthal and Snell, 2003), rejecting the assumed link between the signifier and its signified (de Saussure, 1966). If signifiers are constantly differentiated and deferred, with meaning in relation to other signifiers through their 'difference' (Loewenthal and Snell, 2003: 106), 'language is thus the play of differences which are generated by signifiers which are themselves the product of those differences' (Sarup, 1993: 44).

In turn, as with the example above, if one is unable to locate a fixed meaning from language, how is one meant to proceed through the method of EPA, discriminating and transforming main elements of meaning, 'following' the participants intentionality (De Castro, 2003: 47)?

With Karina, a fixed, assumed meaning of the language through the analysis by EPA, alluded to the request for 'prison transfers' at the 'sheer relentless, awfulness' of the others despair. However having acknowledged what had escaped this meaning, questions were raised as to how one was to transform the meaning of this. Does the researcher assume relevance from an earlier statement? Can context and the 'saying' inform the analysis? Or is one to adhere to the statement and analyse the description as it reads? Having transformed and analysed the data through EPA, the researcher felt that what was really said by Karina, which still remains unclear, was lost through the assumptions made by the research method of EPA.

This also raises questions around the researcher's intentionality in the research process. Giorgi (1985) seems to acknowledge the researcher takes up a position within the research, constituting some form of set within which the final data is related. However, Giorgi (1997) also suggests that in ensuring the final essence arrived at is that of the participants as opposed to a co-construction between researcher and participant, the researcher must refrain from analysing or attaching the researcher's own meaning to the participant's description, as alluded to above. In turn, the researcher must instead stay with describing the participant's description as a 'descriptive approach would limit itself to what is given' (Giorgi, 1997: 242).

There seems to be a paradoxical confusion around the researcher's position in the method of EPA. And despite Giorgi's lack of explicit consideration around the researcher's intentionality in EPA, those who write about the method of EPA (De Castro, 2003; Wertz, 2008) take the grandiose, modernistic stance that as the researcher, through descriptive praxis, we may uncover the other's intentionality and be able to explicate it as if the participant had carried out the phenomenological process themselves. As De Castro (2003: 50) expresses 'the researcher has to follow the experience of the co-researcher [participant] looking at his/her intentionality, instead of putting her/his own intentionality in the experience of the co-researcher'.

But what of the researcher's intentionality? By exploring the epistemology of intentionality, we see that as human beings are always related to reality through the

intentional character of consciousness (Husserl, 1970), the researcher is 'always intentionally related to the research object' (Sandberg, 1997: 208). As a result, we may consider that the structures and findings extracted from the participants' descriptions, are always the researcher's interpretation of the data obtained from the participants about their conceptions of reality. Therefore, 'in other words, the categories of description are intentionally constituted through the researcher's interpretation' (Sandberg, 1997: 208).

Further, in Giorgi's (1985) understanding that different researchers may come to find different meanings from others in the participants' descriptions, how exactly was one to reach an essence or to carry out a purely descriptive as opposed to interpretative process? For example, in the interview with Karina, the researcher was aware of a sense of 'cut-offness' from the participant and to the participant; a sense that researcher and researched were talking around or through the topic. Can the researcher but be driven by how they hear and make meaning of the other's language? And can this usefully inform the research?

Through the transformation of participant's language into psychological language via the process of imaginative variation, the researcher could not escape her role of that of interpretation and meaning making (Orlikowski and Baroudi, 1991). May we understand that the meanings extracted from the participants' descriptions are subject to the intentionality of the researcher; a researcher potentially subject to (Hollway and Jefferson, 2000)?

In demonstrating how the researcher has dealt with their intentional relation to the

participant's description, De Castro (2003) suggests the researcher may evidence their process of checking out their presuppositions and interpretations in the research, such as through bracketing. In turn, Zahavi (2000) suggests that Merleau-Ponty's view was seen to argue the fact that in gaining understanding through phenomenology, we may first need to break with our familiar acceptance of it.

However, Merleau-Ponty (1992) also wrote about the impossibility of ever achieving a complete bracketing of the natural attitude. In turn, Sandberg (1994) posits that as researchers, we cannot bracket off or escape from our own interpretative role in the research process. It seems that when we are faced with a description, we can but understand it from a place we know, as 'we are lured into privileging certain assumptions and ways of being, taking other notions for granted and assuming we might know what they mean' (Parker, 1999: 2). Further as Carr (2006) writes, according to Gadamer, the attempt to achieve understanding is simply illusory, as human understanding cannot possibly be given but is prejudiced by the interpretative aspect, which determines how perceptions and observations are understood. This raised questions about the researcher's ability to bracket her presuppositions around despair and psychotherapy in the prison setting, her presuppositions as a female and a researcher?

In the interview, after Karina had spoken about the need to move away from perverse material, she said the following:

Um, in the lead up to that, tr, um, trying, her, her own, I'm sorry I'm jumping around a bit but I wanted it to be sort of free association,

not sort of over think or structure my responses (Appendix 8(C):
Verbatim Transcript, Karina).

Throughout the stages of analysis by EPA, the researcher attempted to bracket off her presuppositions of what had been said before, as well as her interpretation of the participant's wish to escape the feelings of despair evoked within the interview. As a result, the main element of meaning was distilled:

K felt she was jumping around in the interview but didn't want to over think or structure her responses (Appendix 9(C): Meaning Unit, Karina).

From the above, it became evident to the researcher that through the transformation of the participant's description into psychological language in EPA, the researcher assumed the participant was speaking from a place of psychology, she assumed the participant was able to speak of their experience; in turn she assumed the participant's description. And further, a question was raised as to whether the bracketing employed by the researcher, acted only to deny aspects of experience within the interview. This seemed particularly important as despite Giorgi's (1985) suggestion that the phenomenological research method of EPA provides a method of exploring experiences without trying to distort them, through the denial of what emerged in the intersubjective, it was felt that the analysis did exactly this.

Although the researcher believes we cannot escape this, given the fact we never cease from forming and reforming our stories (Merleau-Ponty, 1964), may we remain open to the position we assume, continually checking out our

presuppositions and their impact, acknowledging our subjectivity throughout the research process (Sandberg, 1994)?

As outlined in the methodology chapter, in choosing reverie alongside the method of EPA, the researcher acknowledged the need to approach researching despair in embracing a phenomenology outlined by Merleau-Ponty (1962), as opposed to adhering to a purely transcendental phenomenology. Reverie was seen as enabling the researcher to remain open to process, not simply bracketing all assumptions, but allowing herself when moved to do so, to acknowledge her own interpretation through reverie. However it was only through the analysis by reverie, that a space was created for these contradictory issues, to be held together; ideas which will be developed further in the final section of this chapter.

Reflecting on the final Specific Descriptive Structure through the analysis by EPA, what also became apparent was the difference between the researcher's understanding of what was said in the interview and what she came to understand of the description through the process of transcription and analysis. Within stage one of the analysis, a need to return to the audio files in sensing the whole indicated the importance of the saying along with what was said. However the plurality of perspectives the researcher witnessed in the interviews seemed to be lost in the final amalgamation. The sensitivity and flexibility required for understanding the phenomenon which Dahlberg et al. (2001) suggest is the only way in which we can allow the phenomenon to present itself to us, seemed to be lost in the final analysis by EPA.

A further limitation of EPA involved perceiving the participants' experiences more directly, in stages 2-4 of the method. However through this, does the researcher take part in something, which 'destroys the singularity and qualitative differences of the self' (Heinmann, 1953: 35)? In turn, the individual meaning apparent in the Specific Descriptive Structures felt lost in the General Descriptive Structure. The researcher acknowledged that whether or not the reaching of an essence is possible, it felt as if the researcher was closer to discovering an essence before the process of distilment of essential features took place.

In this project's interest in the exploration of the phenomenon and acknowledgment of the incompleteness of experience, the finalised General Descriptive Structure formulated by the EPA analysis, seemed to contradict the very idea of phenomenology. It was in fact deemed impossible to attempt to be open to experience as never complete within research whilst employing a phenomenological research method, which is empirical, systematised and in line with scientific practice.

This consideration is vital for researching despair, given that Kierkegaard (1989) suggests that empirical, scientific data on despair has no significant contribution to make to our knowledge of despair. In gaining knowledge on despair, research must therefore be concerned with the meaning people make, as well as the ways in which people make meaning (Harman, 2008), and the intersubjective experience emerging between researcher and researched (Cayne, 2005). Through this, can we approach the phenomenon of despair in the UK prison setting, remaining open to despair as a subjective experience, subject to personal meanings, understandings and culture?

Contrary to the method of EPA, it is felt that that only through attending to despair as it unfolds through subjective and intersubjective experience, can we attempt to understand something of despair in psychotherapy in the prison setting.

However it must also be noted that inherent within EPA is the difficulty of setting phenomenology up as a method. Yet Gadamer (1975) speaks of the impossibility of method in the human sciences. Similarly, as Bachelard (1994) writes of psychologists and psychoanalysts, in engaging with method, a closing down takes place which does little more than to lose the reverberations in the effort to untangle knowledge through the method. He further states how ‘when psychologists and psychoanalysts are furnished this proof, they cease to see anything in the poetic image but a simple game, a short-lived totally vain game’ (Bachelard, 1994: xxix).

And despite Giorgi’s (1985: 45) acknowledgement that there is in fact no agreement or protocol with regard to ‘the methods, procedures, rules of interpretation’ appropriate to the study of psychical experience within research, it is argued here that this very question around method(s) and procedure does nothing less than close down experience in research to the systematic and empirical. Despite the fact that many who draw on Gadamer’s writings, still set it up as a method within research (Sammel, 2005; Applebaum, 2011), it is felt that an approach to research through phenomenology needs to separate ‘phenomenological’, from ‘research method’.

The following section will explore what was experienced as defences against despair, and how through the analysis by EPA, the researcher came to realise that

there seemed to be no space within the phenomenological research method for the consideration of the participant's or researcher's defences.

8.3.2 Defences

Within phenomenological research methods, participants' descriptions of the phenomenon are collected and analysed (Giorgi, 1971). However the inherent assumption within this, suggests that the participant has insight into their experience and can speak openly about the phenomenon under study (Hollway and Jefferson, 2008). Reflecting on the researcher's reveries, she became aware of what she termed a 'resistance' from certain participants in speaking of the phenomenon; of staying with the topic of despair. This was alongside an avoidance of the despair and an engagement with theory or a sense of hope. In turn, the researcher was aware that this had not emerged through the analysis by EPA.

As Karina outlined:

Mostly I think my experience, my clinical experience, um, not entirely but mostly it's been defences against despair (Appendix 8(C): Verbatim Transcript, Karina).

The researcher wondered whether this statement communicated something important about the participant's 'defences' against despair; raising important implications for how we can research despair through phenomenology. In turn, Karina communicated how these defences may play out in relation to despair:

What you get are defences against despair, the denials, um I didn't do it, I'm innocent, um it was a very bad judge, I was very unfortunate, people didn't understand me, um, getting into lots of, kind of, excitements, very kind of excited talk about exciting things, running round the prison, being involved in lots of activities, sometimes being completely inert, just laying in bed and all of these are kind of avoidance of, um, feelings.

That kind of connection to awfulness is, is, you know, you go out of your mind, you literally go out of your mind, both the clinician and the patient so I think forgetting, forgetting, somatisation (Appendix 8(C): Verbatim Transcript, Karina).

Within the interviews, the researcher noticed a palpable anxiety, one that at times, seemed to encompass the participant. This was also mirrored by, as Karina outlined, aspects of forgetting, disjointed excited speech and avoidance of feelings of despair. Further, as the researcher listened to the participant's descriptions, she felt she heard aspects of experience that at times the participants did not seem to be as acutely aware of. This was particularly apparent with regard to the participant's own sense of despair, which emerged in the interviews. For example, as Jenny expressed:

I just found that quite hard and what we were doing was quite hard so I wouldn't say I felt despair but I did think that you know I, you

know I had response obviously to being in prison (Appendix 8(I):
Verbatim Transcript, Jenny).

Further, her meaning unit transformed into psychological language suggested that:

J didn't feel despair but had a response to being in prison (Appendix
9(I): Verbatim Transcript, Jenny).

However this seemed particularly important given that as noted within the researcher reveries, the researcher became aware of Jenny's wish to escape the interview, the despair, and any sense of feeling. This was alongside the researcher finding it near impossible to understand what Jenny was saying. The researcher wondered if this acted to reveal where Jenny's anxiety lay (Freud, 1923). This also led the researcher to consider that despair was too difficult a place for Jenny to be in, both in the interview and in the work.

Despite the researcher's acknowledgement of this conflation, it felt as if there was no space for this within the method of EPA, as EPA does not make space for the researcher's own process and instead, requests the researcher to bracket their personal meanings and presuppositions (Giorgi and Giorgi, 2003). The researcher became aware that by adhering only to what was said by Jenny, something of these defences against despair was lost in translation. Further, this modernistic stance where the participant can be assumed to have the ability to speak openly about the phenomenon in research, was thrown into question through the research process with Jenny. As Potter and Wetherell (1987) suggest, may Jenny's description not be

an open description of the phenomenon, but an attempt at making sense of her reality?

With Dingane, an experience of a similar nature unfolded within the interview:

Someone else in despair can have quite a profound impact on someone I think and maybe you don't always know what to do about it, um, but the intensity of what that person is feeling at the time can err not seduce you, maybe seduce you, err, it, it can be a bit of a magnet, it's like a tractor beam it can pull you in and just by virtue of the fact of the intensity that they're feeling, it can give you some kind of intensity of feeling as well. And you don't necessarily feel the same thing 'cos you're not despairing in the way they are but you are feeling something intense (Appendix 9(D): Verbatim Transcript, Dingane).

It was here that Dingane spoke about the despair of the other having a profound impact on oneself, but not leading to despair. Dingane spoke of 'not despairing' in the way the client was. In turn, transforming the meaning unit into psychological language through the method of EPA, the findings suggested that for Dingane:

The intensity of the other's despair may be seductive.

D described despair as a magnet or tractor beam pulling you in.

It leaves the other with an intensity of feeling also.

D feels that in response to the other's despair, you don't experience despair in the way the other is despairing but you experience intense feelings (Appendix 9(D): Meaning Unit, Dingane).

However, contrary to the above, the researcher felt that his sense of despair overpowered the interview. What seemed equally important was what the researcher heard in the sense of Dingane's insistence not to be drawn into one's own or the others' despair. The researcher wondered whether Dingane's defences were at play, but that through the analysis by EPA, there was no acknowledgment of this interplay.

Again Moira spoke of not encountering despair in the therapeutic work with clients in despair:

I've never touched despair in, in the work (Appendix 8(J): Verbatim Transcript, Moira).

In turn, the meaning unit of Moira's description was analysed through the method of EPA as follows:

M has never touched despair in the work (Appendix 8(J): Verbatim Transcript, Moira).

However, as outlined within Chapter 7, the researcher wrote of how in the interview with Moira, the researcher observed visual changes to Moira, as her colour and flexibility faded. Within this the researcher felt as if she had heard something important about Moira's own sense of despair in the work. However again, this element of the interview escaped the findings by EPA, assuming Moira could speak of all aspects of her experience.

As noted in the existential-phenomenological and psychotherapeutic literature, the despairer's despair evokes a struggle in the confidant, leading to a sense of despair, and an effect on the therapeutic relationship (Farber, 1968; Lowery, 1984; Ziegler and McEvoy, 2000). In turn, this holds implications for this research, where the wish stands to explore this struggle.

The literature also highlights difficulties one might face researching despair, given the nature of despair. This includes the balance between necessity and possibility where in experiencing despair, one may be suffocated in necessity or left floundering in the possibilities. Both raise questions for phenomenological research, such as through despair, where one is required to speak of their experience of the phenomenon openly (Kierkegaard, 1989). The despair of finitude and infinitude also present difficulties, with the participant, and potentially also researcher, losing contact with their own experience, either through going along with the crowd or getting lost in the fantastic and boundless.

Hollway and Jefferson (2000) on describing how through research a defended subject with a dynamic unconscious defends against anxiety through the adoption

of protective discourses, raise questions on how we might explore difficult phenomena, or as in this case, despair. They suggest that the research method must enable access to the participants' concerns not simply through adhering to what is said, but also to what may be unconscious, through listening for contradictions, incoherence and avoidance. This is in line with Derrida's writings on Deconstruction and the need to locate ambiguity, tension and the particulars when analysing text (Spivak, 1976).

Contrary to the method of EPA, this approach would therefore involve attending to the saying as well as the said. Despite these defences as suggested by Hollway (2011), can this research remain open to despair, without the anxiety provoking nature closing the process down? And how can one research the nature of despair if both participant and researcher are subject to an unconscious, to language and to the Other?

This leads us to discuss the possibility of an unconscious despair (Kierkegaard, 1989) and how one can approach researching something which remains unconscious. As Dean explained:

This the unconscious despair, err, err, is always going, is always going to be present and is always going to be communicated
(Appendix 8(B): Verbatim Transcript, Dean).

This would suggest that research must remain open to the client's conscious and potentially unconscious despair, as well as the unconscious despair of the

researcher. However EPA, focusing solely on participant's descriptions, analyses what is said and therefore what the participant is conscious of.

Interestingly Kerry was able to speak of her conscious and unconscious processes, and how she may use words as a defence. However, she also spoke of 'getting away with it', if the other isn't attuned to her defences.

Within the analysis through EPA, the following transformed meaning units emerged for Kerry:

K uses words as a defence and feels she gets away with this if the other is not attuned to it.

K thought this was connected to her conscious, as well as her unconscious processes (Appendix 8(A): Verbatim Transcript, Kerry).

However, despite this important acknowledgment, the researcher was aware that this talk about defences was potentially also defended. In turn, in providing theory about her unconscious defences, this theory was caught up in theorising. In turn, the researcher was aware that something of Kerry's defences had not emerged through her description.

So how could this research explore the notion of unconscious despair (Freud, 1912, 1915), in a way that attends to what remains unconscious as opposed to involving

the unconscious only if it plays out within the content of the descriptions by participants? Freud's (1912) suggestion that the therapist must surrender to their own unconscious activity seemed to offer an answer. In turn, the researcher wondered how the participant and researcher could surrender to unconscious activity, and what this could mean for research. Further, was it through the method of reverie, as will be discussed in the following section, that the research could remain open to the possibility of something unconscious emerging through research?

With regard to this question and in particular in gaining knowledge of the phenomenon of despair, something Dean suggested seemed important:

The despair seems to...yeah seems to be in every sentence, and in between every sentence that somebody that you're working with speaks about (Appendix 9(B): Verbatim Transcript, Dean).

This raised important questions around the despair that emerges in the work, and potentially also within the research. With the resistance experienced against despair, was despair in and between each sentence of participant and researcher within this research? There was also something about Dean speaking about despair being 'in' and 'between' each sentence that led the researcher to acknowledge the importance of the aspects of despair that emerged in this 'between'.

Finally, it was considered that an approach to researching despair was needed which contrary to traditional methods, facilitated access to the participants'

concerns through an attendance to subjective and intersubjective experience throughout the research. The following section will explore the intersubjective and how the method of EPA, which played out as more of a content analysis, failed to allow aspects of how psychotherapists experience working with despair in the UK prison setting, to emerge.

8.3.3 The 'Between'

Within the research process, the concept of the intersubjective was considered important in gaining knowledge of the phenomena of how psychotherapists experience working with despair in prison. However within the method of EPA, and the analysis of participant's descriptions, aspects of this between were lost. In turn, and in contrast to the initial analysis by EPA, it was only through reverie that the intersubjective was able to emerge.

Despite Giorgi's (1997) suggestion that in reaching the essence of the phenomenon, the researcher must bracket presumptions, assumptions, personal analyses and researcher's own meanings from the participant's description, the researcher questions the ability for findings in research to be any less than a co-construction. For Gadamer (1975: 266), the outcome of a conversation is in fact a 'fusion of horizons' and therefore cannot be understood objectively. In turn, the researcher acknowledges that researcher and participant are both subject to (unconscious, language and the other) (Hollway and Jefferson, 2000).

As a result, through the findings by EPA, rich aspects of experience were absent from the presentation of the analyses. In turn, the one-dimensional findings created

through EPA, failed to attend to the phenomena as experienced through the research.

The example of Sabine seemed to outline the importance of aspects of the intersubjective in researching despair through phenomenology. Through the researcher reveries during the interview, and Sabine's request to break off from the interview, the researcher heard something important about researching despair. However on transcribing and analysing the interview, it seemed that very little was said about despair. It seemed as if knowledge of the phenomenon had emerged in this between as opposed to what Sabine described.

Again, in the research process with Karina, closed down to her reveries within the interview, the researcher wondered what had been too difficult to acknowledge within the interview. The researcher felt that, that which failed to emerge in the Specific and General Descriptive Structures through EPA, communicated something important about the research.

As outlined within Chapter 7, Dingane, in the briefing exercise, was able to speak openly about despair. However once the tape was in play, the structured language and descriptions felt disconnected from what had previously been observed. In turn, his Specific Descriptive Structure too felt disconnected and abstracted from the sense of despair which emerged between researcher and researched in the interview. The following structured excerpt from Dingane's Specific Descriptive Structure mirrors the closing down of this experience:

Despair can have a profound impact on the therapist, often leading the therapist to want to do, take or feel something. In turn, the work leaves the therapist with an intensity of feeling and despair, yet not the degree to which the client is despairing (Appendix 10(D): Verbatim Transcript, Dingane).

Despite the fact that Dingane clearly suggested that the degree to which the client was despairing was not experienced by the therapist, what played out within the interview suggested something different. In fact it appeared difficult for Dingane to remain open to this despair in the prison setting, and in the interview. The researcher felt she had gained knowledge of the phenomenon, not through what was said but through the ways in which the participant navigated the research.

It was through the attempt to attend to the researcher's experience of what was said and how it was said and through an attendance to the intersubjective, that the researcher became aware of what had not emerged through the phenomenological research method.

As stated from the beginning, the importance of a phenomenological approach to research as outlined by Merleau-Ponty, was acknowledged in addressing the relational (Cayne, 2005). For Hycner:

If we take seriously the concept of between, there is a reality that is greater than the sum total of the experience of the therapist and client. Together they form a totality that provides a context for the

individual experience of both.

(1991: 134-135)

This idea of the experience between forming a totality in research seemed important given that the analysis by EPA was considered superficial, as well as denying aspects of experience. The researcher felt that it may be through being, and being-with in research, that something significant and potentially unknown can emerge with regard to the phenomenon of despair.

It is therefore suggested here that meaning in research may be seen to emerge in this between (Merleau-Ponty, 1962) as a product of the relationship between researcher and participant. Further, it is through attending to what emerges in this between, attending to the saying and the said, as well as questioning the ability to gain a fixed meaning of the phenomenon (Loewenthal and Snell, 2003), that we can move closer to learning about a phenomenon through research.

It is hoped that through the critical discussion above, which may apply to phenomenological research methods in general, the possibility of future phenomenological research is outlined, such as that of reverie, in enabling research to remain open to the relational (Merleau-Ponty, 1962). In turn, questions will be raised in the following section with regard to whether the method of reverie is closer to the original conception of phenomenology, or as a phenomenological approach to research, it can be anything more than a systematised, psychologised form of research.

8.4 THE POSSIBILITY OF A PHENOMENOLOGICAL APPROACH

This project on acknowledging the need to approach researching the phenomenon of working with a client in despair in a UK prison setting differently, through phenomenology, has discussed reverie in remaining open to possibility in research.

The previous section has problematised notions of phenomenological research, whilst beginning to investigate the possibility of research through the notion of reverie. However there are important questions, which arise out of this consideration.

The first is how reverie, in or as research, can be developed in a way which is not located within the current psychological debate around research methodology and method. This is closely associated with relative questions of collecting and analysing data associated with a phenomenological approach through reverie. Can reverie in research enable a being-with or dialogue through research, moving away from the structure of interviews, schedules and forms of analysis, as in this research?

An associated point stands as to how reverie may be represented in research and ‘as research’. However what seems to be clearer is the fact that this is impossible, as the very nature of reverie escapes us (Bachelard, 1994).

In turn, this section aims not to provide definitive answers but to raise questions with regard to these challenges with regard to researching despair.

8.4.1 Reverie as ‘Methodology’ and/or ‘Method’

Following on from the previous section, it is suggested that in developing reverie for research, the frame up of method and methodology must be separated from the approach through reverie (Gadamer, 1975).

Reverie holds the possibility of enabling something of the phenomenon to emerge, through an attendance to the dialectical relationship between researcher and participant (Schütz, 1967). This holds in mind the phenomenology of Merleau-Ponty which acknowledges intersubjectivity as the meeting point between experiences (Cayne and Loewenthal, 2007), within which meaning may emerge.

Bachelard suggests that reverie transcends traditional forms of empirical methodology:

In all psychological research, we can, of course, bear in mind psychoanalytic methods for determining the personality of a poet, and thus find a measure of the pressures – but above all of the oppressions – that a poet has been subjected to in the course of his life. But the poetic act itself, the sudden image, the flare-up of being in the imagination, are inaccessible to such investigations.

(1994: xiii)

In clarifying the poetic image, one recourse to the phenomenology of the imagination, as in reverie. In turn, for Bachelard (1994), both psychologists and psychoanalysts become victims to their own methods employed, losing the poetic image and imaginative reverberations through the wish to untangle and know of what emerges. Further, through this attempt, the result is often the creation of premature and fantastic interpretations, which are deadened and intellectualised.

As previously outlined, Ogden (1997) suggests that reverie is not a method or technique done to the participant but is an intersubjective experience. In fact, Bachelard (1971: 5) states that we cannot set out to do phenomenology through reverie as ‘the path of reverie – a constantly downhill path – consciousness relaxes and wanders and consequently becomes clouded’. Therefore a question can be raised as to whether ‘phenomenology’ and ‘method’ together are an impossibility. In turn, this raises the question as to how reverie can remain an intersubjective experience in research, without being formalised in a way in which it would be closed down to something it is not.

This seems important for researching despair also in that Kierkegaard (1989) rejects an approach employed by empirical methods such as psychology, which aim to locate, measure and observe common aspects of despair, giving nothing more than a poor understanding of despair. As Kierkegaard suggests, it is despair catching of us, as opposed to our attempt at grasping it, that can tell us something about the phenomenon.

As stated, one may look to Freud's (1912: 359) recommendations to psychoanalysts as holding implications for the approach to research through reverie, in requiring the analyst, or in this case the researcher to listen, with 'evenly suspended attention'; opening up oneself to the unconscious and to what may emerge. However despite the fact that Gay (1989) suggests that it was Freud's wish for the recommendations to remain recommendations, as opposed to prevailing dogma, Freud refers at times to this evenly suspended attention as a technique. Therefore, despite the fact that reverie describes an attendance to what is given without theoretical analysis or explanation, as in phenomenology, how can this remain an attendance without becoming a technique or method, applied to participants within research?

As Risser (1997) outlines, phenomenology transcends methodological knowledge, suggesting that phenomenology as research, and in this case through reverie, must embrace this same transcendence. As stated previously, systematised, psychologised methods do nothing but deaden the phenomena we attempt to be alive to through research. In turn, phenomenology asks one to attend patiently to the phenomenon as experienced as well as the intersubjective experience, rejecting the desire to know and delaying interpretation in enabling space for something to emerge (Bion, 1970; Ogden, 1997).

Heaton (1993) warns us that if therapeutic practice becomes subordinate to theory and we become concerned with the emergent knowledge and technicians involved, we lose the thoughtfulness that can facilitate wellbeing. This warning can be applied to psychotherapeutic research also, where if we become interested in

methods and findings primarily, research has the potential of opposing its therapeutic aims.

Levinas (1961: 150) speaks of the importance of an ethical epistemology, through ethical relationship as opposed to method, as ‘the Other precisely reveals himself in his alterity not in a shock negating the I, but as the primordial phenomenon of gentleness’. In speaking of the importance of the face-to-face encounter, the Other is therefore unknowable, and cannot be made into an object of the self as in psychology, or researched through systematised methods. This seems to parallel Kierkegaard’s (1989) writings on despair, within which despair emerges within the concept of the self, but a self, not defined as a process or entity as within psychology, but depicted by Kierkegaard’s understanding of the self as a relation which relates to itself. It is through this starting point that Kierkegaard rejects the scientific standpoint in gaining knowledge of the phenomena of despair.

This study therefore calls for a consideration of the possibility of a phenomenological approach to psychotherapeutic research, which is apposite with phenomenology’s philosophical aims. This would involve a return to phenomenology through reverie, without an attempt to systematise, or close down the possibility through methodology or method. However the researcher also acknowledges that even through the utterance of an approach such as reverie, we make it a known, and therefore it often becomes something which can be applied. However can we hold the implication of reverie in mind for research, as opposed to setting it up as the frame for research?

Further this study, on questioning one's ability to arrive at truth or essence in research (Derrida, 1992, 1994, 1995), attempts to be open to experience as never complete. May we find a way to attempt to explore phenomenology in research whilst maintaining the possibility for something to emerge?

8.4.2 'Researching' Reverie

Having discussed the possibility of reverie as existing separately from the concepts of method and methodology, it seems contradictory to now speak of researching despair through reverie in more depth, with regard to data collection and analysis. Further, as above, in many ways, it can be argued that reverie as the phenomenological attitude is in fact the mode of data collection in that it allows the text to speak for itself. However, questions are raised with regard to how data may be gathered through reverie in and for research.

Within the method of EPA, interviews are promoted as the form of data collection. In turn Aspers (2009: 7) suggests that 'by maintaining a scientific attitude, which in practice means to stick to her question and make use of second-order constructs, the researcher may be able to present a picture of the actors' life-world'. However, using interviews as the form of data collection within this study was difficult, for example, as it was impossible to know when the interviews began and ended. A conversation started from the initial contact between researched and researcher but with regard to the method of EPA, the interview was only considered in motion as indicated from the starts and stops of the recording.

Further, contrary to the above, for Gadamer, a conversation lies not within the

conduct of either member, but has its own spirit:

The way one word follows another, with the conversation taking its own twists and reaching its own conclusion, may well be conducted in some way, but the partners conversing are far less the leaders than the led. No one knows in advance what will “come out” of a conversation.

(1997: 383)

Gadamer suggests (1997: 66) it is important that a true conversation allows itself ‘to be conducted by the subject matter’. However this means precisely to facilitate the emergence of the contradictions, digressions, silences and inconsistencies, which speak of the subject (Kris, 1997), as opposed to remaining within the objective confines of the research question.

This seems important given that by beginning with a research question within this research, the researcher felt as if something was closed down through the inferred way the participants were to respond to the question. For example, the below emerged within Karina’s interview:

I have been feeling very cut off, feeling that I really want to give you what’s going to be most helpful for you, for your research which is crazy really, because what’s helpful to your research, is me not trying to be helpful but just...offering you raw data in an unprocessed way. But I think I am feeling very defended, very defended (Appendix 8(C): Verbatim Transcript, Katrina).

Here it was felt that the research question led to a closing down; engaged almost to defend the research and researcher. Further, the research method of EPA failed to consider this dynamic and what it might have to say about the research. This is also important given that the research aimed to explore the participant's description of their experience, as opposed to theorising, which emerged for example, for Kerry and Dingane.

Instead of adhering strictly to a research question, can interviews, as Gadamer (1994: 367-368) suggests, enable a conversation within which the subject matter is 'unfolded in the dialogue'. Further, can the interview situation enable space for the unknown or that which is difficult to speak of to emerge?

Dinkins (2005: 12-13) writes of a form of phenomenological interviewing where the researcher and researched are co-enquirers and within which they 'engage in a dialogue through questions and responses that encourage the researcher and co-inquirer to reflect together on the concepts that are emerging and taking shape within the interview itself'. In turn, this would involve an attendance to dynamics and aspects of the intersubjective emerging between researcher and researched. However is, even this approach, just an attempt to operationalise a 'being-with' in research?

Schütz (1967) suggests the use of a combination of observation and communication, which facilitates a more genuine understanding of the other within research. Participant or non-participant observation as a method of collecting experiential data from participants may be considered useful in gaining knowledge of the phenomenon as experienced. Rustin (1989) speaks of the importance of

observational methods such as reverie with infants, within which one can learn something about the infant, mother and the relationship between, through developing an analytic attitude and sensitivity to the emotional.

Ethnography, which involves direct observation of the interactions within certain groups, may be used to obtain a description of the phenomenon set in cultural context (Moustakas, 1994). Here, the researcher gains knowledge of a situation through direct experience, including their relationships with others, and their perceptions and experiences (Patton, 2001). Further, some ethnographic approaches involve interviewing also, in exploring participants' meanings ascribed to actions and events. For example, Spradley (1979) speaks of how ethnographic interviews relate to the cultural world, in space, time, events, relationships and objects. Further Roulston suggests that:

Because of the conversational style, ethnographic interviewing appears to be highly unstructured, yet this kind of interviewing relies on the researcher's ongoing analyses of data generated via field notes of observations, participation in the research settings, development of rapport with informants, and multiple interviews over extended periods of time.

(2010: 19)

This holds the potential for a focus on intersubjectivity, context and drawing on the researcher's own experience, such as through reverie. Further, this seems to hold

similarities with the approach through this research to exploring despair, within which reflexive notes and reveries were gathered through, before and after the interview. Could an attempt at dialogue through interviews, alongside observation, drawing on the researcher's reveries, be most apposite to phenomenology in researching despair?

Hollway and Jefferson (2001) suggest that free association within the narrative method, offers an approach to research which tends not to facilitate the participants to speak about what they know, but instead to speak of and through, their experience. In turn, Hollway (2011) suggests the use of free association, alongside reflexive fieldnotes and a weekly observation seminar to provide structures for thinking about the data through attending to research subjectivity as an instrument of knowledge. This seems important given that within reverie, the participant is not assumed to be consciously representing the world through reverie as such, as one does not imagine the world through reverie, in that the world imagines itself (Bachelard, 1988).

However although somewhat closer to Bachelard's acknowledgment, the psychological and psychotherapeutic writings on reverie, such as that of Hollway above, still uses language which suggests the researcher as a tool in the research, both applying approaches to data collection and setting up structures for analysing the data collected. This is particularly important for reverie, given that Bachelard (1994) suggests that in framing reverie as a method, we move further away from that which may emerge.

Further as we can see, phenomenological research method approaches often differ as to whether the researcher is bracketed off, or in direct dialogue with the other.

This leads Cayne (2005) to raise the question as to how the researcher can interact with participants and subsequently the data. Hollway and Jefferson (2000) and more recently Hollway (2011), grapple with the issues regarding the difference between the psychotherapist in the therapeutic situation and the psychotherapist within the research situation. They suggest that whereas interpretations are made within the therapy, interpretation is arrived at during the research process following the interview. However, these distinctions appear less than clear, particularly within psychotherapeutic research.

Again this leads to the question of whether the researcher's role needs to be operationalised or whether through reverie, the researcher can attempt at being-with the researched, in an attempt to hear something of subjective experience, whilst also attending to what may emerge in the between.

The researcher considered the writings of Levinas (1997) as important in beginning to answer this question, as it may be in our need to understand the other that impedes our ability to accept and be with the other. This desire to know in research, which often concludes with a statement outlining the phenomenon as experienced, may be thought to reduce the other's experience. How can the researcher interact with the participant in such a way that potentially suspends this need to know, in being-with the other, as the Other? It is suggested that only through this approach will the mysterious, and incomplete nature of the phenomenon catch us, in research.

The approach of discourse analysis may also be considered alongside reverie, in providing an opportunity to explore psychotherapist's experience of working with a

client in despair in the UK prison setting. Discourse analysis holds the potential for offering a radical approach to research, in which the participant is subject to the fragmentary nature of experience and the instability of language. In turn, it allows for an analysis of language and text to find meaning in the structures and functions of speech (Potter and Wetherell, 1987). The researcher attempts to identify categories, themes, ideas, views and roles within the text itself. The aim is to identify individual or commonly shared discursive patterns of talking. The researcher then attempts to explore the question, how does the discourse help us understand the issue under study?

Further, discourse analysis is interested in how people construct their own version of an event (Dickerson, 1996), and the way people form and reform their stories through power and desire (Loewenthal, 1996). Through discourse analysis may we 'remain open to the meaning of the other person or text' (Gadamer, 1960: 180), to illuminate the subtle disruption in the text that allows something to emerge about the phenomenon?

This seems particularly important given that within the existential-phenomenological literature, despair has little to do with its outward appearance, suggesting that one must attend to this subtle disruption in hearing more than just what may be observed in the other. However it is suggested here that through the phenomenology of Merleau-Ponty, or as in this case through reverie, we may offer the possibility of something unknown, enabling the above to emerge through the intersubjective, without applying a method such as discourse analysis.

Despite the researcher's acknowledgement that further research is required to develop ideas around how to approach the phenomenon of working with a client in despair in a UK prison setting within research, it is suggested that reverie may enable research to attend to the said alongside the saying. In turn, it is wondered whether an alternative interview situation, involving observation, may enable the researcher to hear something of the phenomenon.

8.4.3 'Representing' Reverie

A further question, which might be raised with regard to an empirical piece of research, is how we may present or represent reverie within research. According to the *Webster's College Dictionary* (2013), to represent means to 'serve to express, designate, stand for, or denote, as a word or symbol'. Hollway (2009) raises questions about how one can, through research, preserve and represent the complexity of the subjective and intersubjective aspects which emerge. Following from Hollway's writings, this question also emerged as a significant finding within this research. However it is important to note that through this, the researcher also acknowledges that despite reverie having something important to say, it can be seen as forever escaping us, resistant to any form of translation (Bachelard, 1979). Yet some of the struggles in translating reveries will be explored in attempting to realise further insights with regard to this impossibility.

Within this study, it was acknowledged that we face an initial difficulty given that this research acknowledges the arbitrary relationship between signifier and signified, and the inability to arrive at a fixed meaning through language (Lacan, 1993). As Ogden (1997: 5) suggests 'we have little choice but to accept that a word

or a sentence is not a still point of meaning and will not sound the same or mean the same thing a moment later’.

Despite the fact that here we are considering how one can use language to capture something of human experience, writing about experience is inextricably caught up not simply with what is written, but with the experience of the writing, and the experience of reading. As Kierkegaard (1941) suggests, all knowledge holds a relationship to the knower. Further, Ogden (1997) refers to the letters, words, sentences and gaps which make up the writing, as inert. In turn, he suggests that it is the reader, who on reading the writing, actively engages with the language, creating something new in his own terms.

So how can one translate reverie to paper, capturing something of the experience, whilst acknowledging the practice as dependent not only on the writer in the capturing and conveyance of experience, but also the reader and reception of the words. Ammons (1968: 118) on describing a walk, suggests that, ‘a walk involves the whole person; it is not reproducible; its shape occurs, unfolds; it has a motion characteristic of the walker’. This suggests that on capturing human experience as alive, the words must themselves be alive, taking on the shape which unfolds. However Ammons too acknowledges that the experience is in fact un-reproducible. As Ogden suggests with regard to psychoanalysis:

The art of analysis is an art form that requires not only that we struggle with the problem of creating a place where analyst and analysand might live, but also requires that we develop a use of

language adequate to giving voice to our experience of what life
feels like in that ever shifting place.

(1997: 11)

This seems to hold important implications for research, involving not only questions with regard to the creation of the 'place' in research, but also the use of language in representing or giving voice to experience in research. It is suggested that, contrary to a positivistic structure, which is often applied to presenting findings within phenomenological research methods, a different approach to research is required for thinking about research through reverie in researching despair.

Approaches to representing reverie such as that of the scenic are promoted by Hollway (2011) as it is suggested that the scenic animates language, creating a sense of aliveness within writing. However despite the acknowledgement of the importance of stepping away from the language of science within reverie, it was felt that the scenic almost provided a structure which could be applied to the representation of reverie. In turn, this seemed to close something down, as is done within psychological research methods. This is not to say that the implication of the scenic cannot be held in mind, however the application of dogmatic rules can be seen to close down exactly that which reverie attempts to remain open to. Therefore, it is suggested here that far from applying a structure for representing reverie, the following implications have the potential of being significant in researching despair.

As opposed to suggesting approaches by which reveries can be represented, it is felt that a different focus is required, in which aliveness in the writing is privileged for representing experience, over methods and procedures for doing so. However as Ogden (1997) suggests, there stands an important interplay in the capturing of the experience, in a way which remains alive in and to language. For example, the poetic and artistic as opposed to the scientific can be considered important in representing the inner world (Waddell, 1988). This involves a separation from psychological research methods, within which hypotheses are tested, and rules of representation are developed (Craib, 1998).

It is also considered that the implication of Sandler and Sandler's (1994: 1001) suggestion for language in research, to remain 'experience near', seems important. It is not suggested that particular protocols or methods are required for ensuring this, but that the implication of representing experience in a way which remains 'close' to the experience, is held in mind. As for Kierkegaard (1989), it is only through attendance to the experience of the phenomenon of despair, that one may gain knowledge of the phenomenon.

Finally, it must be acknowledged that despite the urge to locate a procedure for dealing with phenomenological research, reverie attempts to facilitate a phenomenological attitude as opposed to applying phenomenology to research, which opposes the philosophical aims of phenomenology. In turn, this approach aims to respond to the need for reverie to reach beyond comprehension and empiricism (Bachelard, 1994), so that reverie can be seen as having something

important to say. Therefore the researcher acknowledges the place of reverie in research on despair as without an end point; infinite and subject to edit and re-edit.

8.5 CONCLUSION

This chapter aimed to discuss the findings of this study, alongside presenting the study limitations, which concerned the research design. In turn, it responded to the study's twofold focus in carrying out and presenting a phenomenological analysis of the data collected throughout the study, as well as problematising notions of phenomenological research through contrasting the initial and secondary analysis of how psychotherapists experience working with despair in the UK prison setting. Further, through this, questions could be raised with regard to the possibility of researching despair through phenomenology and in particular, whether this could be approached through reverie.

Initially, the implications of the themes, The Prisoner's Experience of Despair, Therapeutic Response to Despair, Barriers to Working Therapeutically in the Prison Setting, Evocation in the Psychotherapist and Supporting the Psychotherapist, which emerged from the analysis by EPA, were discussed in relation to the literature presented in Chapters 2 and 3. However next, the chapter moved on to discuss the limitations of EPA and more generally of phenomenological research methods. In comparing the initial analysis by EPA and the secondary analysis through reverie, the researcher became aware of what had not emerged through the analysis by EPA.

Questions were also raised with regard to the possibility of phenomenological research given that phenomenological research was acknowledged as standing contrary to phenomenology in its attempt to systematise and psychologise the notion (van Manen, 1997). This also raised questions as to the possibility of reaching an essence in research, let alone through an empirical method. Importantly, our ability at reaching a fixed meaning through language in research was rejected, through the acknowledgement of the instability of language, as well as the abandonment of the modernistic stance which suggests that in uncovering the others intentionality, we explicate the research process as if they were themselves doing so.

Further, the method of EPA, which required the researcher to remove non-essential and repetitive statements, grouping statements and transforming the meaning into psychological language, until a fixed final structure was reached, was seen as destroying the singularity of the individual experience, denying aspects of experience, as well as doing nothing less than closing down experience in research to the systematic and empirical.

Kierkegaard (1989) suggests the empirical, scientific data on despair has no significant contribution to make to our knowledge of despair. This seemed connected to Gadamer's (1975) writings on truth and the impossibility of arriving at truth through methodology or method. In turn, it was considered an impossibility to attempt to be open to the intersubjective aspects in research, and to experience as never complete whilst employing a systematised, psychological method (Bachelard, 1994).

Drawing on the secondary analysis of the data through reverie, the researcher became aware of how the assumption that participants have insight into their experience, and can speak of this openly is not a truth and cannot be considered so in research (Hollway, 2011). In turn, noticing a resistance from the participants within the interviews, the researcher observed an avoidance of the despair, whilst at other times, participants engaged in theorising or engaged with a sense of hope. It is also important to note that this important dynamic, as well as other aspects which communicated something about the research question, escaped the analysis through EPA.

It was through contrasting the initial analysis by EPA and the secondary analysis through reverie, that the researcher became aware that by simply attending to the said, one was left with a malnourished sense of what the researched had to say about despair. In fact, it was only through the saying as well as the said, alongside an attendance to what emerged within the between, that something important emerged about the research question.

Finally, a discussion of future research raised questions as to whether the phenomenon of despair could be approached through reverie, in a way that enables the possibility of phenomenology. This seems important as for Kierkegaard, despair could only begin to be understood through phenomenology (Heaton, 2009). How can reverie be developed for research, whilst departing from the current emphasis on systematised methodology and method, even within qualitative research? And with regard to redundant terms such as research design and data collection and

analysis (Loewenthal, 2007), can the antonymous focus of reverie as a being-with or dialogue through research, be developed. Further, with regard to the representation of reverie within research, how can an approach through which the text can speak for itself, as opposed to research speaking from a place of interpretation, be fostered.

Beginning with phenomenology, it is important to note that this chapter and the study as a whole, aimed not to provide definitive, fixed answers but to raise important questions, which are potentially unanswerable, with regard to researching despair through phenomenology. This project, on starting with phenomenology, engaged with the notion of despair as subject to language (Lacan, 1993), to an unconscious (Freud, 1915) and with no fixed meaning to which we can point with authority (Heaton, 2009). In turn, it is through the existential-phenomenological literature and in particular the writings of Kierkegaard, we see that empirical data on despair arrived at through scientific method has a poor understanding of despair. In turn and as stated above, it is only through attendance to the phenomenon as experienced, that one may gain knowledge of the phenomenon (Kierkegaard, 1989).

In conclusion, despite the employment of the phenomenological research method, EPA, the secondary analysis by reverie enabled a comparison between attempts at phenomenology in and for research. It was through this contrast that the importance of the attendance to aspects of intersubjectivity emerged within research. As a result, this research has attempted to raise questions with regard to how the implication of reverie can be significant for researching despair, in a way that

enables the possibility of phenomenology, through the abandonment of the current cultural emphasis on psychological research.

APPENDICES

APPENDIX 1: RDB2 APPLICATION



NAME: Joanna Gee
RDB2
DEPARTMENT: Psychology

ROEHAMPTON UNIVERSITY

RESEARCH DEGREES BOARD

PROJECT CONFIRMATION FORM

NOTE TO STUDENTS: PLEASE COMPLETE SECTIONS 1-6 OF THIS FORM AND PASS THIS TO YOUR DIRECTOR OF STUDIES. THE FORM WILL BE CONSIDERED BY THE DEPARTMENT'S RESEARCH STUDENTS COORDINATING GROUP (RSCG) OR EQUIVALENT AND THE RESEARCH DEGREES BOARD (RDB). YOU WILL BE NOTIFIED WHEN YOUR APPLICATION HAS BEEN APPROVED BY RDB.

SECTION 1: PROGRAMME DETAILS

Which Department are you in?

- | | |
|--|---|
| <input type="checkbox"/> Department of Social Sciences | <input type="checkbox"/> Department of Education |
| <input type="checkbox"/> Department of Life Sciences | <input checked="" type="checkbox"/> Department of Psychology |
| <input type="checkbox"/> RU Business School | <input type="checkbox"/> Department of Humanities |
| <input type="checkbox"/> Department of Media, Culture and Language | <input type="checkbox"/> Department of English and Creative Writing |
| <input type="checkbox"/> Department of Dance | <input type="checkbox"/> Department of Drama, Theatre and Performance |

What is your programme?

- | | | |
|---|--|---|
| <input type="checkbox"/> MPhil | <input checked="" type="checkbox"/> MPhil/PhD | <input type="checkbox"/> EdD |
| <input type="checkbox"/> PsychD Forensic Psychology | <input type="checkbox"/> PsychD Counselling Psychology | <input type="checkbox"/> PsychD Psychotherapy and Counselling |

What is your mode of study?

- ☒ Part-time ☐ Full-time

Date of initial registration
(or date of progression for Professional Doctorates)

September 2010

Is English your first language?

☒ Yes

☐ No

If English is not your first language, have you achieved
IELTS 7.0 (or equivalent) in all sections?

☐ Yes

☐ No

If you have answered yes to the above question you should attach evidence to this application form. If you have answered no you should state clearly below what further action is being taken

-

SECTION 2: PERSONAL DETAILS

Title	First name(s)	Surname
MISS	JOANNA	GEE (nee Eastwood)

Student ID Number

07246174

University E-mail Address

joanna.eastwood@roehampton.ac.uk

SECTION 3: TITLE OF RESEARCH PROPOSAL

Please give the proposed title of your research project

The possibility of a 'phenomenological' approach to researching how psychotherapists experience working with despair in a UK prison setting

SECTION 4: RESEARCH PROPOSAL

EdD students do not need to complete Section 4, but should attach the full research proposal.

Please complete Parts A, B and C of the research proposal in full, but do not write more than 4,000 words in total (or approximately 8 pages). The proposal should be intelligible to a non-specialist audience. You must use the headings below to structure your research proposal.

Part A: The Scope of the Proposed Research

1. Non-technical summary of the research

This research aims to explore the possibility of a ‘phenomenological’ approach to research, through an exploration of how psychotherapists experience working with a client in despair, in a UK prison setting. The notion of possibility refers to Merleau-Ponty’s writings in speaking of the ‘possibility’ of phenomenology as a method of enquiry (Bourgeois, 1996).

In particular, this project aims to explore contrasting forms of phenomenology research. Within the field of psychological research there exists an abundance of ‘phenomenological research methods’, which aim to focus on the lived experienced of the participant (van Manen 1997). However these methods, contrary to phenomenology, are broadly empirical, systematised and tend to psychologize the notion of phenomenology. It is acknowledged that the empirical model of phenomenological research methods has therefore ignored what are considered essential aspects of phenomenology's philosophical task.

This project acknowledges the need to approach researching phenomena differently, in a way that is apposite with phenomenology’s philosophical task. As an alternative to empirical forms of phenomenological analysis it will make use of the work of Ogden (1997) and Bachelard (1994) and their writings on reverie, to elaborate the philosophical dimensions of phenomenology through research. This project will particularly draw on phenomenology as outlined by Merleau-Ponty (1962), which suggests that the experience of the phenomenon, both in research and practice may be located in the dialectical relationship of person and world. In turn, meaning in research may be considered to emerge through this dialectical relationship (Merleau-Ponty, 1962).

This research therefore aims to carry out a methodological study through an exploration of how psychotherapists experience working with a client in despair, in a UK prison setting. In turn, it has a twofold focus:

1. Phenomenological project: To carry out a phenomenological analysis of the data collected through an initial analysis by an empirical phenomenological research method, and a secondary analysis by reverie.
2. Researching phenomenology: To problematize notions of ‘phenomenological research’ through contrasting the initial and secondary phenomenological analysis of the data.

It is through this that the research attempts to open up a discussion on the possibility of a phenomenological approach to research which remains open to the essential aspects of phenomenology’s philosophical task.

2. The broad subject area of the proposed programme of research

The concept of despair as it is explicated in the literature will be explored so as to provide an understanding of the experience of despair. A theoretical overview of the concept will begin by considering despair, as its relative neglect within the psychological literature (Woolfolk, 2002; Beck et al., 1974; Coyne, 1985; Abramson et al., 2000). Despair will next be considered by reviewing the literature found within philosophy, theology, and psychotherapy. Particularly within

existential and psychoanalytic schools of thought, themes can be seen to emerge that contribute to our understanding of despair. Despair will be considered as involving some form of confrontation with severe, unalterable conditions (Frankl, 1958; Greene, 1954) involving a loss of hope for the future (Beck et al., 2003), alongside a loss of the fundamental meanings, strivings and values of one's life (Frankl, 1967; Freud, 1924) and isolation from others (Farber, 1976). The definition of despair as it appears in the forensic literature will be deconstructed.

The philosophical literature will be considered, which looks at despair as an opening from which possibilities may emerge (Marcel, 1962; Kierkegaard, 1989). In particular an overview of the writings of Kierkegaard (1941; 1954; 1989) with regard to despair as an estrangement and isolation from oneself will be detailed; a 'sickness unto death' (Kierkegaard, 1989: 38-39).

It is intended to provide a review of literature relevant to psychotherapy and the psychotherapist working with a client in despair, followed by a discussion of past research relevant to the phenomenon. For Tillich (1952), despair as renewing or destructive may depend on others' responses to it. From this, it is apparent that how psychotherapists respond or do not respond to a client's despair may have implications for the work. A discussion of how the psychotherapist may most usefully respond to a client in despair will be detailed. Literature outlining the psychotherapeutic response to despair (Richman, 1995; Heaton, 2009; Beck et al., 2005), the struggle evoked in the psychotherapist working with a client in despair (Farber, 198; Ziegler and McEvoy, 2000; Gee, 2010) and the concept of hope (Weingarten, 2007; Flaskas, 2007a) in relation to psychotherapeutic work with despair will be discussed.

The next stage will be to consider psychotherapy with despair in a UK prison setting (Toch, 1993). This will endeavour to consider psychotherapy within correctional settings, whilst focusing on psychotherapeutic work with despair; a focus in prison settings within Safer Custody proposals and psychotherapy initiatives (Jones, 2010).

The study will further provide a theoretical overview, covering the development of the concept of phenomenology from the writings of Brentano (1874) to the works of Husserl (1960) and the flurry of phenomenological writing in the first half of the 20th Century. The diversity of traditional phenomenology will be explored (Dordrecht and Boston, 1997); transcendental phenomenology as explicated by those such as Husserl (1960), hermeneutic phenomenology (Heidegger, 1962) and phenomenology as explicated by Merleau-Ponty (1968). Within this, concepts such as the lifeworld (*Lebenswelt*) (Husserl, 1970), and intentionality (Moustakas, 1994) will be explicated, in introducing and developing Merleau-Ponty's phenomenology which posits the phenomenon as located in the dialectical relationship of person and world (Barclay, 1992).

3. The relation of the thesis to other work in the field

With regard to locating this research in terms of despair and the psychological therapies, the few writers who have addressed the issue of how psychotherapists experience and respond to despair as it arises in their client work emphasise the

importance of exploring the possibility of despair because of its centrality and significance to the work (Lowery, 1984; Beck et al., 2003). It seems particularly important to explore psychotherapists' experience of working with despair as by its very nature, despair may be difficult to tolerate in another (Farber, 1968; Lowery, 1984). Yet in spite of the felt alienation, those in despair speak of the importance of others who could be with them in their despair (Smart, 1997, Beck et al. 2003). The other person seemed to provide some kind of lifeline when no release from the despair seemed possible.

Despite the lack of research addressing despair in prisons, the literature suggests despair is often experienced by those detained in prisons, both as a result of the environment experienced in prison, and as a result of traumatic life events the prisoners have encountered in the past and present (Toch, 1993). HMP Safer Custody Papers outline the need for therapeutic work to support prisoners to alleviate 'despair', distress and 'out of control feelings', to prevent self-harm and suicide in custody (Safer Custody, 2010). In turn, charitable based Therapeutic Services based in prisons state the goal is to work towards improved mental health by alleviating 'despair' and distress for the client (Forensic Therapies, Jigsaw, Samaritans). As a result, therapeutic models used within UK prisons at this current time, such as Dialectical Behavioural Therapy (Linehan, 1993), aim to target despair, hopelessness and suicidal ideation.

With regard to the wider literature regarding psychotherapeutic research, this research may be located alongside the body of research and literature which attempts to critique empirical phenomenological research methods and develop a phenomenological approach to research which is apposite with phenomenology's philosophical aims (van Manen, 1997; Loewenthal, 2008; Cayne, 2005) (as outlined in the non-technical summary). In the suggestion that experience of the phenomenon, both in research and practice may be located in the dialectical relationship of person and world (Barclay, 1992; Schutz, 1967), this research will relate to, in particular, the work of Merleau-Ponty (1962), and further drawing on the implications of reverie (Bachelard, 1994) for research.

4. The aims and objectives of the proposed programme of research

The main aim of this research is twofold:

a. Phenomenological project:

- To explore how psychotherapists experience working with despair in their practice with clients in a UK prison setting, via a phenomenological investigation
- To carry out a phenomenological analysis of the data collected through an initial analysis by an empirical phenomenological research method, and a secondary analysis by reverie.

b. Researching phenomenology:

- To problematize notions of 'phenomenological research' through contrasting the initial and secondary phenomenological analysis of the data.

- Questions will be raised with regard to the possibility of a ‘phenomenological’ approach to psychotherapeutic research, which is apposite with phenomenology’s philosophical aims,
- In particular, the question will be raised whether reverie, can enable us, to remain more open to what may emerge through the dialectical relationship between person and world (Merleau-Ponty, 1962).

5. An outline of any hypotheses or research questions which will be addressed

The research question is:

The possibility of a ‘phenomenological’ approach to researching how psychotherapists experience working with despair in a UK prison setting.

6. The contribution to knowledge which may be expected

The research will aim to contribute to knowledge in the field, in the following ways:

1. Deconstruct notions of despair, providing a critical comparison of the notion of despair as located in the prison literature with notions of despair as explicated, for example, within the philosophical literature.
2. Contribute to the psychotherapeutic literature on working with despair and in particular, through the phenomenological investigation, provide implications for psychotherapy on working with despair in a UK prison setting.
3. Provide an in-depth analysis and comparison of phenomenology and its philosophical aims with the empirical model of phenomenological research method, with particular reference to working with despair and psychotherapeutic research approaches to despair.
4. Through the problematisation of phenomenological research methods, to investigate and develop an approach to research through the notion of reverie which is apposite to phenomenology’s philosophical aims.

7. A brief, indicative bibliography relevant to Part A (15-20 titles)

- Beck, B., Halling, S., McNabb, M., Miller, D., Rowe, J. O. and Schulz, J. (2003). ‘Facing up to hopelessness: A dialogal phenomenological study’. *Journal of Religion and Health* 42(4): 339–354.
- Beck, B., Halling, S., McNabb, M., Miller, D., Rowe, J. O. and Schulz, J. (2005). ‘On navigating despair. Reports from psychotherapists’. *Journal of Religion and Health* 44(2): 187-205.
- Cayne, J. (2005). Developing a methodology exploring the unknown in the acquisition of therapeutic knowledge. Unpublished PhD dissertation, University of Surrey.
- Farber, L. (1968). ‘The therapeutic despair’. In *The Ways of the Will*:

Essays Toward a Psychology and a Psychopathology of Will, pp. 155–183. New York: Harper.

- Flaskas, C. (2007a). ‘The balance of hope and hopelessness’. In Flaskas, C., McCarthy, I. and Sheehan, J. (eds). *Hope and Despair in Family Therapy: Adversity, Reconciliation and Forgiveness*, pp. 24-35. Hove and New York: Psychology Press, Brunner-Routledge.
- Frankl, V. E. (1969). *The Will to Meaning*. New York: World Publishing.
- Heaton, J. (2009). ‘Reflections on suicide and despair’. In Barnett, L. *When Death enters the Therapeutic Space: Existential Perspectives in Psychotherapy and Counselling*. Hove: Routledge.
- Husserl, E. (1960). *Cartesian Meditations: An Introduction to Phenomenology* (Trans. Cairns, D.). The Hague: Nijhoff.
- Kierkegaard, S. (1989). *The Sickness unto Death* (Trans, Hannay, A.). London: Penguin Books.
- Liebling, A. (1999). Prison suicide and prisoner coping. In M. Tonry and J. Petersilia (Eds.), *Prisons* (pp. 283-359). Chicago, IL : University of Chicago
- Loewenthal, D. (2007). *Case Studies in Relational Research*. Basingstoke: Palgrave Macmillan.
- Marcel, G. (1962). *Homo Viator. Introduction to a Metaphysic of Hope* (Trans. Craufurd, E.). New York: Harper and Row.
- McCall, R. J. (1983). *Phenomenological Psychology: An Introduction*. Wisconsin: The University of Wisconsin Press.
- Merleau-Ponty, M. (1964). *The Primacy of Perception*. Evanston: North-Western University Press.
- Ogden, T. (1997). *Reverie and Interpretation: Sensing Something Human*. Northvale, NJ: Aronson.
- Romanyshyn, R. and Goodchild, V. (2003). *Doing Research with Soul in Mind: the Alchemical Hermeneutic Method*. Carpinteria, CA: Pacifica Graduate Institute.
- Toch, H. (1992). *Mosaic of despair: Human breakdowns in prison* . Washington, DC: American Psychological Association.
- van Manen, M. (1997). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy* (2nd edn). London ON: The Althouse Press. Press.

8. If you intend to submit your thesis in a language other than English please give details here

N/A

Part B: Research Methodology and Design

i. The proposed methods to be used in the research (including the gathering and analysing and/or interpretation of data/information)

This research will use a qualitative, phenomenological approach to research which acts to gain insight into the individual's experiences (Corbin and Strauss, 1998). Semi-structured, face-to-face interviews will take place with 10 individual participants (Kvale, 1996), whereby the participants will be asked to describe their experience of working as a psychotherapist with clients in despair in a UK prison setting.

Participants

As the target population is delineated as accredited psychotherapists who had previously experienced working with a client in despair in a UK prison setting, the following criteria are set for participation in the study.

- c) Experience of working with a past client(s) considered to be in a state of despair in a UK prison setting, i.e. clients the participant is not currently working with.
- d) Completion of a psychotherapy/counselling training, with accreditation by a regulating body (BACP/UKCP). Accredited psychotherapists are to be sampled as they will have gained an adequate level of practice and training, and in turn, are the population most likely to have experienced despair in their practice in UK prison settings.

The sample size, whilst limited by the time limits and scope of the research, is chosen at 10 participants. Given the 'phenomenological,' qualitative approach to research, the sample size was chosen as one that would allow for plurality of perspectives of the phenomenon under study (Colaizzi, 1973). Further it was a sample size that could be achieved within the realistic research constraints whilst quality of data collection and analysis could be preserved (Kvale, 1996).

Given the phenomenological epistemology adopted by the researcher, participants will be recruited by purposive sampling in order to locate the participants for interview who have had an experience with the phenomenon under study (Kruger 1988).

Data Collection

Interviews are seen as most appropriate in eliciting thick and rich descriptions of

how psychotherapists experience working with a client in despair in a UK prison setting (Denzin, 2001). Further it seems important that the research remains faithful to the process of psychotherapy as a talking cure, a process in which spoken descriptions of the client's world, relationships and anxieties are facilitated (Giorgi, 1985). As in psychotherapy, speech in research may allow a person to convey to another a situation from their subjective understanding and perspective (Kvale, 1996: 1-2).

Participants will be invited to attend one informal, semi-structured, face-to-face interview lasting an hour at a mutually convenient location.

At the beginning of the interview, the researcher will provide a clear framework for the research, outlining the participant's role and reviewing the Participant Briefing Document and Participant Consent Form with the participant.

Demographic data relevant to the study will be elicited. In line with the set criteria for the study, the participant will also be asked to confirm their completion of a psychotherapy/counselling training, and their accreditation with BACP/UKCP, alongside their therapeutic orientation.

The Participants will then be presented with the prepared research question:

‘Please describe how you experience working with a client in despair in a UK prison setting’.

The question will be ‘directed to the participant's experiences, feelings, beliefs and convictions about the theme in question’ (Welman and Kruger, 1999: 196) and aims to facilitate description by the participant rather than analytical or scientific explanation (Crotty, 1996). As a result, it seems most appropriate for the researcher to listen to the participant's unfolding descriptions (Giorgi, 1985), intervening only to seek clarification, elaboration and further description.

The interviews will either come to an end after an hour and the Participant Debriefing Document will then be reviewed.

Data Analysis

The phenomenological approach to the ‘analysis’ of the descriptions of the phenomenon gathered in the interview will make use of a combination of methods/approaches; initial analysis using Empirical Phenomenological Analysis (EPA) (Giorgi, 1985; 1993), and secondary analysis by reverie (Ogden, 1997).

1. Initial Analysis

Empirical Phenomenological Analysis (EPA) (Giorgi, 1985; 1993),

The ‘phenomenological research method’ of EPA aims to uncover the meaning of a phenomenon as experienced by a human through the identification of essential themes (Giorgi, 1985). The systematic reading of the transcript involves empathic immersion and reflection; a slow mediative process that attends to and magnifies all the details (Wertz (2005, p.172).

- Stages 1 and 2: transcription of interview tapes and discrimination of naturally occurring meaning units
- Stage 3: defining the major elements of meaning within each meaning unit
- Stage 4: general descriptive statement (the researcher questions how the meaning units and their elements relate to the research question for each participant).

The researcher presents the General Structure of the phenomenon by outlining the structure of the phenomenon, whilst using examples from the verbatim description of the participants to illustrate the structure (Wertz, 1985). This is often achieved by clustering the various transformed meaning units, which results in the emergence of themes and sub-themes.

2. Secondary analysis

Reverie (Ogden, 1997)

Reveries are ‘things made out of lives and the world that the lives inhabit’ (Jarrell, 1953: 68), including abstract musings, ruminations, fleeting perceptions, bodily sensations and wonderings (*Oxford Concise Dictionary of English Etymology*, 1996). In research, reverie is not a technique done to the participant but is an intersubjective experience, emerging between researcher and participant. Ogden (1997) speaks of how reverie may be useful in the moments when the hint of something else emerges, such as discontinuity, breakdown or halt in language (Kris, 1996). Alongside the analysis by EPA the researcher will attend to their reveries that emerge throughout the interviews and stages of analysis, in carrying out the secondary analysis.

ii. The reasons for selecting these methods given the subject area described in Section A, above

In using a combination of methods, this research aims to make a form of comparison by carrying out an initial analysis using the phenomenological method, EPA (Giorgi, 1985) with a secondary analysis by reverie. The combination of secondary analysis alongside the initial analysis by EPA hopes to potentially maintain the structure of the method whilst exploring the possibility of reverie as an approach to research, through phenomenology. Specifically, it will contrast EPA which previous findings suggest addresses the relational less explicitly (Cayne, 2005; Gee, 2010) with the method of reverie, which as will be explored through this research, may enable research to reveal aspects of intersubjectivity.

The method of Empirical Phenomenological Analysis, based on the thought of Husserl and Merleau-Ponty (Wertz, 2005) aims to move away from logical, causality methods, which violate how a phenomenon spontaneously presents itself. In turn, the method claims to be interested in understanding the phenomenon in terms of the participant’s meanings of the lived situation, as opposed to understanding it logically (Giorgi, 1993).

With regard to the secondary analysis, reverie will be used in contrast to the initial findings reported through EPA. In research, reverie is not a technique done to the

participant but is an intersubjective experience, emerging between researcher and participant. Ogden (1997) speaks of how reverie may be useful in the moments when the hint of something else emerges, such as discontinuity, breakdown or halt in language (Kris, 1996; Bachelard (1994). Importantly, it is suggested that incorporation of reverie alongside an analysis by a structured research method, may help to reveal aspects of intersubjectivity (Cayne, 2005).

iii. A provisional timetable of the work through to the submission of the completed thesis. The timetable must include the dates and expected length of any periods of fieldwork abroad in each academic year.

The following timetable is proposed:

Year 1:

Oct 2010 – Jun 2011: Completion and submission of RDB2 and ethics application

Jul 2011 – Sept 2011: Preliminary completion of the literature review chapter

Year 2:

Oct 2011 – Jan 2012: Preliminary completion of the methodology and method chapters

Jan 2012 – Sept 2012: Interviews completed and transcribed

Oct 2011 – Sept 2013: Analysis conducted and completed.

Year 3:

Oct 2012 – Feb 2013: Preliminary completion of findings and discussion chapters

Mar 2012 – Jun 2013: Preliminary completion of introduction and conclusion chapters

Jul 2013: Preliminary draft of research submitted for review

Aug 2013 – Oct 2013: Finalising research ready for submission.

iv. A brief, indicative bibliography relevant to Part B (15-20 titles)

1. Babbie, E. (1995). The Practice of Social Research (7th edn). Belmont, CA: Wadsworth.
2. Bachelard, G. (1994). The Poetics of Space. Boston, MA: Beacon Press.
3. Cayne, J. (2005). Developing a methodology exploring the unknown in the acquisition of therapeutic knowledge. Unpublished PhD dissertation, University of Surrey.
4. Gadamer, H. G. (1960). Truth and Method. London: Sheed and Ward.
5. Giorgi, A. (1985). 'Sketch of a psychological phenomenological method'. In Giorgi, A. (ed.). Phenomenology and Psychological Research. Pittsburgh, PA: Duquesne University Press.
6. Giorgi, A. (2005). 'The phenomenological movement and research in the human sciences'. Nursing Science Quarterly 18(1): 75–82.

7. Giorgi, A. and Giorgi, B. (2003). 'Phenomenology'. In Smith, J. A. (ed.). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.
8. Husserl, E. (1931). *Ideas: General Introduction to Pure Phenomenology* (Trans. Gibson, W. R. B.). London: George Allen and Unwin, Ltd.
9. Hycner, R. H. (1999). 'Some guidelines for the phenomenological analysis of interview data'. In Bryman, A. and Burgess, R. G. (eds). *Qualitative Research 3*: 143-164. London: Sage.
10. Levinas, E. (1961). *Totality and Infinity: An Essay on Exteriority* (Trans. Lingis, A.). Pittsburgh: Duquesne University Press.
11. Loewenthal, D. (2007). *Case Studies in Relational Research*. Basingstoke: Palgrave Macmillan.
12. Merleau-Ponty, M. (1962). *The Phenomenology of Perception*. London: Routledge.
13. Ogden, T. (1997). *Reverie and Interpretation: Sensing Something Human*. Northvale, NJ: Aronson.
14. Silverman, D. (2000). *Doing Qualitative Research*. London: Sage.
15. Strauss, A. and Corbin, J. (1998). *Basics of Qualitative Research*. Thousand Oaks, CA: Sage.
16. van Manen, M. (1997). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy* (2nd edn). London ON: The Althouse Press.
17. Von Eckartsberg, R. (1998). 'Existential phenomenological research'. In Valle, R. (ed.). *Phenomenological Inquiry in Psychology*. New York: Plenum.
18. Wertz, F. J. (2005). 'Phenomenological research methods for counseling psychology'. *Journal of Counseling Psychology* 52(2): 167-177

Part C: Training, Facilities and Resources

Please indicate any specialist training, facilities and resources necessary for the research. Applicants are expected to have discussed their requirements with the supervisory team and appropriate staff prior to submitting the research proposal.

- i. **Training e.g. taught research methods programmes, foreign language training, specialist courses**

N/A

ii.	<u>Facilities e.g. laboratory space, computing facilities, specialist equipment</u>
	N/A
iii.	<u>Resources e.g. specialist library access, essential long-distance travel expenses</u>
	N/A
iv.	<u>Other e.g. paid volunteers</u>
	N/A

SECTION 5: ETHICAL APPROVAL

If your research involves the use of animals or humans in any way (for example, asking respondents to complete a questionnaire or observation of human behaviour) you will be required to obtain ethical approval for your research.

Please tick one option:

Does your project require ethical approval? ☒ Yes ☐ No

If you have ticked 'Yes' to the above, you should also apply for ethical approval at this time. Please see the University Ethics Committee's Guidelines for further information.

SECTION 6: SIGNATURE OF APPLICANT

I have read and agree to the conditions set out in the University's Academic Regulations and I understand that my thesis must be prepared and defended in English, unless exceptionally agreed otherwise. I understand that I am expected to submit my thesis for examination within the maximum period of registration as defined in the Academic Regulations.

Signature: **Date:**

SECTION 10: APPROVED BY DEPARTMENT

For completion by Research Degrees Administrator:

Date approved:

☐ Approved by Chair's
Action

Signature:

If approved by Chair's Action, the Research Student Coordinator should sign this section.

SECTION 11: RECOMMENDATION BY DEPARTMENT

Head of Department

On behalf of the Department, I support this research proposal. I confirm that the appropriate research support facilities and resources are available to support the student's research to completion.

Name	
Signature	
Date	

Students whose first language is not English should also have provided evidence that they have achieved IELTS band 7.0 (or equivalent) in all sections. You should also ensure that any necessary supervisors' CVs are attached and, if the student is studying in another country, that an explanation of the student's supervisory arrangements has been provided. Please pass the completed form to the Department Research Degrees Administrator who will arrange for this to be considered by the Research Degrees Board.

APPENDIX 2: RESEARCH STUDY ADVERTISEMENT

Briefing Document

Researcher Contact Details:

Joanna Gee

Department of Psychology

Email: Joanna.gee@hotmail.co.uk

Telephone: 07795 023522



Research Study Advertisement

Research Title: Researching how psychotherapists experience working with a client in despair in a UK prison setting

Investigator: Joanna Gee

Purpose: This research aims to explore how psychotherapists experience working with a client in despair in a UK prison setting.

Who can participate in the study? Counsellors/psychotherapists who have experience working with a client(s) within a UK prison setting, who they considered to be in despair and who they are not currently working with. Participants must also have completed a counselling/psychotherapy training, with membership or accreditation by a regulating body (BACP/UKCP).

What does the study involve? Participants will be required to attend one informal, semi-structured, face-to-face interview, which will take up to one hour at a mutually agreed location. In the interview, participants will be asked to describe and reflect upon their personal experience in relation to the topic outlined above. Interviews which will take place between June 2011 and Sept 2012, will be recorded, transcribed and stored in a secure location

Further information: Participation will remain anonymous. Participants may withdraw from the research at any point prior to December 1st 2012 when data will be collated for analysis.

Who do I contact if I have questions about participation in the study? If you would be interested in taking part or require further information about the research project, please contact the investigator using the following contact details:

Joanna Gee

Department of Psychology

Roehampton University

Email: Joanna.gee@hotmail.co.uk

Telephone: 07795 023522

APPENDIX 3: PARTICIPANT BRIEFING DOCUMENT

Briefing Document

Researcher Contact Details:

Joanna Gee

Department of Psychology

Email: Joanna.gee@hotmail.co.uk

Telephone: 07795 023522



Research Title: Researching how psychotherapists experience working with a client in despair in a UK prison setting

Dear Psychotherapist,

Thank you for your interest in this research. To qualify as a participant, you must have experience of working with a client(s) within a UK prison setting, who you considered to be in despair and who you are not currently working with. With regards to despair, the research is interested in your personal, subjective understanding of despair as experienced in your client work. Further, you must have completed a psychotherapy training, with membership with or accreditation by a regulating body (BACP/UKCP).

Should you meet these criteria, I would like to invite you to take part in this research project, which aims to explore how psychotherapists experience working with a client in despair in a UK prison setting. The few writers who have addressed the issue of how psychotherapists experience and respond to despair as it arises in the client work emphasise the importance of exploring the possibility of despair because of its centrality and significance to the work. It is hoped that this research may promote discussion on how we may most usefully be present to a client in a UK prison setting, in their despair.

Should you agree to take part in this study, you will be asked to attend one informal, semi-structured, face-to-face interview, which will take up to one hour at a mutually agreed location. In the interview, you will be asked to describe and reflect upon your personal experience in relation to the topic outlined above. Interviews will take place between Jan 2012 and Sept 2012 and participants may withdraw from the research at any point prior to December 1st 2012 when data will be collated for analysis. Interviews will be recorded, transcribed and stored in a secure location ensuring that all identities remain anonymous. Data will be retained and destroyed as per Roehampton University guidelines and only used for the purposes for which they have originally been collected. The final dissertation and transcripts will be made available to you on request.

Your effort and time taken to read this document is greatly appreciated. If you would be interested in taking part or require further information about the research project, please feel free to contact me using the contact details above. A Participant Consent Form is attached together with a copy of the Debriefing Document outlining opportunities available should you need additional support further to taking part in this study.

I look forward to hearing from you.

Joanna Gee

Alternatively should you prefer to contact an independent party, please find details below.

Director of Studies Contact Details:
Details:

Name: Del Loewenthal

Department: Department of Psychology
Psychology

University Address: Whitelands College,
Holybourne Avenue, London, SW15 4JD

Email: D.Loewenthal@roehampton.ac.uk

Telephone: 0208 392 3000

Head of Psychology Department

Name: Diane Bray

Department: Department of

University Address: Whitelands College,
Holybourne Avenue, London, SW15 4JD

Email: D.Bray@roehampton.ac.uk

Telephone: 0208 392 3000

PARTICIPANT CONSENT FORM

Title of Research Project: Researching how psychotherapists experience working with a client in despair in a UK prison setting

Brief Description of Research Project: This study aims to explore how psychotherapists experience working with a client in despair in a UK prison setting. Through exploring how psychotherapists respond to despair as it arises in their work in prisons, the study aims to provide insights into the therapeutic ways of responding to the client's despair. Participants will be asked to attend an informal, semi-structured, face-to-face interview, which will take up to one hour at a mutually agreed location. During the interview, the participant will be asked to describe and reflect upon their personal experience in relation to the topic outlined above.

Researcher Contact Details:

Name: Joanna Gee

School: Department of Psychology

University address: Whitelands College, Holybourne Avenue, London, SW15 4JD.

Email: Joanna.gee@hotmail.co.uk

Telephone: 07795 023522

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point prior to December 1st 2012. I understand that the information I provide will be treated in confidence by the researcher and that my identity will be protected in the publication of any findings.

Name

Signature

Date

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the researcher. However if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Director of Studies Contact Details:

Name: Del Loewenthal

Head of Psychology Department

Name: Diane Bray

Department: Department of Psychology
Psychology
University Address: Whitelands College,
Holybourne Avenue, London, SW15 4JD
Email: D.Loewenthal@roehampton.ac.uk

Telephone: 0208 392 3000

Department: Department of

University Address: Whitelands College,
Holybourne Avenue, London, SW15 4JD
Email: D.Bray@roehampton.ac.uk

Telephone: 0208 392 3000

ETHICS

APPLICATION FORM

PLEASE CHECK THE RELEVANT BOX

(NB. double click on the check box and select 'checked')

MEMBER OF STAFF ☐

RESEARCH STUDENT ☒

(MPhil, PhD, EdD, PsychD)

EXTERNAL INVESTIGATOR ☐

STUDENT (Other)** ☐

*If you are a transfer student or conducting collaborative research you may not need to complete this form, please see Section 2.2. of the Guidelines. **If you are on a taught course you do not need to complete this form unless your project is worth more than 50% of your total credits or you have been asked to do so by your supervisor*

SECTION 1: PERSONAL DETAILS

Please complete the header with your name and Department

Name (lead):	Joanna Gee
Other investigators:	-
Correspondence address:	12 Whateley Close, Guildford, GU2 9LW
Telephone no:	07795 023522
Email:(all correspondence will be sent by email unless otherwise requested)	joanna.gee@hotmail.co.uk
FOR STUDENTS ONLY:	
Programme of study:	PhD Psychotherapy
Mode of study (full-time/part-time)	Part-time
Director of Studies: (If you are on a taught course please	Del Loewenthal

give the name of your supervisor)	
FOR EXTERNAL INVESTIGATORS ONLY (please see Section 4.5 of the Ethical Guidelines):	
Name of Academic Assessor:	

SECTION 2: PROJECT DETAILS

Title of project:	The possibility of a 'phenomenological' approach to researching how psychotherapists experience working with despair in a UK prison setting
Proposed start date: (Please note it can take several months to get approval. The Committee will not approve a retrospective start date)	June 2011
Duration:	Project duration – Oct 2010-Oct 2014 Empirical work – Jan 2012-Sept 2012

Purpose of the proposed investigation:

This research aims to explore the possibility of a 'phenomenological' approach to research, through an exploration of how psychotherapists experience working with a client in despair, in a UK prison setting. Based on the researcher's experience of working with clients in despair in a UK prison settings, this research aims to explore how psychotherapists experience, make meaning of, negotiate and respond to despair in their practice with clients in a prison setting. In turn, this research aims to address more generally, the possibility of a phenomenological approach to psychotherapeutic research.

Despair is a fundamental human experience that robs a person of hope, vitality and meaning. At the centre of the experience of the client's despair may be a sense of isolation, immutable future and impotence (Beck et al., 2003). The few writers who have addressed the issue of how psychotherapists experience and respond to despair as it arises in their client work emphasise the importance of exploring the possibility of despair because of its centrality and significance to the work (Lowery, 1984; Beck et al., 2003). This particular study follows on from previous research on the phenomenon of despair within psychotherapy which suggested that despair in the client is a place of vulnerability for client and psychotherapist, one that challenges the psychotherapist personally and professionally (Gee, 2010).

Despite the lack of research addressing despair in prisons, the literature suggests despair is often experienced by those detained in prisons, both as a result of the despairing environment experienced in prison, and as a result of traumatic life

events the prisoners have encountered in the past and present (Toch, 1993). HMP Safer Custody Papers outline the need for therapeutic work to support prisoners to alleviate 'despair', distress and 'out of control feelings', to prevent self-harm and suicide in custody. In turn, charitable based Therapeutic Services based in prisons state the goal is to work towards improved mental health by alleviating 'despair' and distress for the client (Forensic Therapies, Jigsaw, Samaritans), through use of therapeutic models which aim to target despair, hopelessness and suicidal ideation (Linehan, 1993). Given the significance of despair in therapeutic work with prisoners and the lack of research addressing this, it seems important to explore the psychotherapist's experience of working with a client in despair in a UK prison setting.

Through an exploration of how psychotherapists experience working with clients in despair, in UK prison settings it is hoped that this may provide useful implications and insights for others faced with working with prisoners suffering from this human experience. Further, within the research, methodological questions will also be raised as the research attempts to explore both through the literature and research itself, the possibility of a phenomenological 'approach' to researching how psychotherapists experience working with despair in a UK prison setting.

Beck, B, Halling, S, McNabb, M, Miller, D, Rowq, JO & Schultz, J (2003), 'Facing up to Hopeless ness: A dialogal phenomenological study.' *Journal of Religion and Health*, Vol 42(4); 339–354.

Gee, J (2010), *A Phenomenological Study Exploring How Psychotherapists Experience Working with a Client in Despair*. Unpublished MSc Thesis.

Linehan, M (1993a), *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. NY: Guilford Press

Lowery, EF (1984), 'The therapist facing client suicide.' *Journal of Phenomenological Psychology*, Vol 15(2), pp 157–168.

Smart, SB (1997), 'The experience of successfully struggling to overcome hopelessness.' *Dissertations Abstracts International*, 56 (12B), (UMI No. 9999769).

Outline of project:

This section should include the details of methodology i.e. what will be done and how.

Exploring how psychotherapists experience working with a client in despair in a UK prison setting requires a research methodology oriented towards questions of meaning. Phenomenology addresses these questions seeking to identify and understand the features of a phenomenon, as it is experienced by people (Becker, 1992). It is this experience, which acts as inner evidence, to give an in-depth understanding of the world and ourselves. Alongside making use of a particular structured empirical phenomenological 'method' in the research in the initial analysis (Giorgi, 1985), in exploring the possibility of a 'phenomenological' approach to research, a secondary analysis through reverie and discourse analysis will be carried out.

Participants must have experience of working with a client(s) in a UK prison setting, who they considered to be in despair and who they are not currently working with. In the context of this study, despair will be defined from within the

experience of the individual psychotherapists (participants) involved in the study. Further, participants must have completed a psychotherapy training, with accreditation by a regulating body (BACP/UKCP).

Purposive sampling will be used to identify prospective participants. Initially, the researcher will approach known prison psychotherapists and existing contacts verbally and via email, and will pass over information relating to the study. This will advertise the study and ask prospective candidates who are interested in taking part, to make contact. The researcher will also make use of internet searches and telephone enquiry to approach prison psychotherapy/counselling services to see if advertisement of the study is possible within the service. If the service deems this possible, the researcher will place advertisements (see 'Advert Prison Service') within the service, having first gained written permission from the service to do so. Additionally, snowball sampling may be used in which the researcher will ask one participant to recommend others for interviewing. In gathering an amount of data, which is manageable for the constraints of the study but also enables for a plurality of participant perspectives, approximately 8 candidates selected for participation in the study based on response, location, access and availability within timescale.

Participants will be asked to attend one informal, semi-structured, face-to-face interview lasting an hour at a mutually convenient location. During the interview, the participant will be asked to describe and reflect upon their personal experience in relation to the topic. The researcher will intend to let the participant's experience unfold through listening without interpretation.

Interviews will take place from Jan 2012 to Sept 2012 and participants may withdraw from the research at any point prior to December 1st 2012 when data will be collated for analysis. Interviews will be recorded, transcribed and stored in a secure location ensuring that all identities remain anonymous. Recorded and transcribed data will be stored separately from personal details. All data will be given a unique anonymous code known only to the researcher. Data will be retained for ten years from the date of submission and then destroyed as per Roehampton University guidelines. The data collected will only be used for the purposes for which they have originally been collected. The final thesis and transcripts will be made available to participants on request.

Research will be carried out between Jan 2012 – Sept 2012 with analysis beginning in Oct 2012 – Sept 2013, for submission in Oct 2014.

Ethical issues raised by the project:

In line with the Roehampton University Ethics Committee, all ethical considerations such as confidentiality (identities remain anonymous, storing of data etc), options to withdraw etc. will be delineated to the participant in a briefing and debriefing document sent to the participant prior to their participation in the study. The considerations noted in the briefing and debriefing document will be discussed in a phone conversation prior to the interview between researcher and participant to ascertain the participant understands the implications. Further, as a duty of care to all participants, informed consent will be necessary and a consent form will be signed by both researcher and participant prior to the interview taking place.

As the topic of despair is sensitive and the literature documents the therapist's struggle with the client's despair, at the commencement of the interview, participants will be asked whether they feel they have sufficient support in case the interview raises memories or issues for the participant. Further, it is stipulated that the participants only describe client work with clients that they are not currently working with. This is to safeguard the therapeutic relationship as it has been suggested that research into the therapeutic relationship during the actual therapy may be detrimental to the work. Further, this is to reaffirm the boundaries between this research and the psychotherapist's supervision as it is felt that if participants were to speak of current clients, they may link the research to their supervision. This again could be detrimental to the work as the researcher will only be encouraging descriptions of the experience and will not be offering any insights/advice or direction with regards to the client work. This will be made clear to the participant through the initial verbal/email communication and through the Participant Briefing Document.

Following the interview, time will be allowed for the participant to raise any questions or discuss any matters arising from the interview. It will also be explained to the participant, that should any concerns become apparent, a follow-up peer support meeting will be available to allow the issues to be discussed. It is important to note that the peer support meeting is not a therapeutic meeting but an opportunity for discussion. It is to be hoped that as the participants are psychotherapists, they will be able to seek further support from their own support network (e.g. personal therapist, supervisor).

As the researcher will be interviewing psychotherapists as individual practitioners about their experience of working with prisoners in despair and the interviews will take place outside of the prison setting, there are no further requirements for ethical approval from HMP Service. Participants will however be asked to speak of clients anonymously at all times throughout the interview.

SECTION 3: USE OF PARTICIPANTS

Give details of the method of recruitment, and potential benefits to participants if any (include any financial benefits where appropriate).

Purposive sampling will be used to identify prospective participants. Initially, the researcher will approach known prison psychotherapists and existing contacts verbally and via email, and will pass over information relating to the study. This will advertise the study and ask prospective candidates who are interested in taking part, to make contact. The researcher will also make use of internet searches and telephone enquiry to approach prison psychotherapy/counselling services to see if advertisement of the study is possible within the service. If the service deems this possible, the researcher will place advertisements (see 'Advert Prison Service') within the service, having first gained written permission from the service to do so. Additionally, snowball sampling may be used in which the researcher will ask one participant to recommend others for interviewing.

A mutually convenient location for the interview will be negotiated taking into account the nature of the research, which requires suitable conditions for recording/access/interruptions etc.

No financial benefit will be offered.

Will you be using participants who are aged under 18?

YES ☐ NO ☒

If you have answered Yes please refer to section 4.11 of the Ethics Guidelines and highlight the particular issues raised by working with these participants and how these issues have been addressed.

-

Details of CRB check?

-

SECTION 4: HEALTH AND SAFETY

Will any of your project take place outside the UK?

YES ☐ NO ☒

If you have answered yes please list the countries below and refer to Section 4.2 of the Ethics Guidelines:

-

Is this a clinical trial or a project which may involve abnormal risk to participants?

YES ☐ NO ☒

Will 'human tissue' samples need to be stored?

YES ☐ NO ☒

If you have answered Yes please refer to Sections 3.5 and 4.2 of the Ethics Guidelines

SECTION 5: PUBLICATION OF RESULTS

How will you disseminate your findings? (e.g. publication)

This research, in the form of a PhD. thesis will be submitted to Roehampton University In October 2014. The data collected will only be used for the purposes for which they have originally been collected.

How will you ensure the anonymity of your participants?

(If your participants do not wish to remain anonymous you must obtain their written consent.)

Shortly after the interview, the audiotape recording will be transcribed. The recordings will be used for transcription purposes only. Participant details will be kept separately from all recorded and transcribed data at all times. Further, all recorded and transcribed data will be marked with a unique and anonymous code available only to the researcher to ensure the confidentiality of the information collected. All data will be stored in a lockable location.

SECTION 6: STORAGE OF DATA

Section 2.7 of Roehampton University Code of Good Research Practice states the following ‘research data must normally be retained intact for a period of at least ten years from the date of any publication which is based upon it. Researchers should be aware that specific professional bodies and research councils may require a longer period of data retention.’

Raw and processed data

Participant details will be stored separately from all recorded and transcribed data at all times and stored in a lockable, safe, secure location. According to the University’s Data Protection Policy, the research data must be retained intact for a period of at least ten years from the date of any submission which it is based upon.

Documents containing personal details of any participants

Participant details will be kept separately from all recorded and transcribed data at all times. Further, all recorded and transcribed data will be marked with a unique and anonymous code available only to the researcher to ensure the confidentiality of the information collected.

SECTION 7: EXTERNAL GUIDELINES, APPROVAL & FUNDING

Are there any relevant subject-specific ethics guidelines (e.g. from a professional society)?

If so how will these inform your research process?

All research will abide by the UKCP codes of conduct

Further ethical approval from HMP Service is not required.

Has/will the project be submitted for approval to the ethics committee of any other organisation, e.g. NHS ethics approval? (Please see Section 4.3, Ethics Guidelines)

What is the outcome of this?

-

Is your project externally funded?

YES ☐ NO ☒ If you have answered yes you must complete a P1 form and submit this to the Bids & Grants Team, RBDO before you complete your ethics application.

Please state the name of the funding organisation/company below and provide any other relevant information:

-

Has your P1 form been approved?

YES ☐ NO ☒

N/A

SECTION 8: CHECKLIST

Please read through the checklist and check the box to confirm:

NB. this checklist is part of the Ethics Application and must be completed

Project Details

- | | |
|---|---|
| Have you completed your personal details? (Section 1) | Yes <input checked="" type="checkbox"/> |
| Have you outlined the project and ethical issues? (Section 2) | Yes <input checked="" type="checkbox"/> |
| Have you described your project in laymen's terms and avoided using too much technical jargon? | Yes <input checked="" type="checkbox"/> |
| Have you focussed on the ethical issues and practical steps of carrying out the project rather than methodological arguments which are not relevant to this application | Yes <input checked="" type="checkbox"/> |

Working with Participants

- | | |
|---|--|
| Have you completed details of how you intend to recruit participants and whether they will receive any reimbursement? (Section 3) | Yes <input checked="" type="checkbox"/> |
| If you are working with under 18s have you addressed the particular ethical issues involved in working with these participants? (Section 3) | Yes <input type="checkbox"/>
NA <input checked="" type="checkbox"/> |
| Have you amended the Participant Consent Form (Template) for your project? | |
| Have you attached to your form any other information that may be needed for participants, e.g. Debriefing Letter, Information Sheet? | Yes <input checked="" type="checkbox"/> |
| Have you attached to your form any other participant-facing materials, e.g. recruitment posters, questionnaire, interview questions | Yes <input type="checkbox"/>
NA <input checked="" type="checkbox"/> |
| If your project involves clinical trial/s, abnormal level of risk or working with animals have you read University Guidelines carefully? | Yes <input type="checkbox"/>
NA <input checked="" type="checkbox"/> |

Health and Safety

If your project takes place outside the UK have you noted on the form where the project will take place and read section 4.2 of the guidelines?

Yes ☐NA ☒

Have you completed the University risk assessment describing the risks associated with your project and how you will implement control measures to address these?

Yes ☒

If your project involves interviews in a participant's home or lone-working information have you considered the risks and control measures in the risk assessment? (E.g. advising a colleague/supervisor of the timings of visits, ringing before/after interview and developing a contingency plan if contact is not made)

Yes ☒

If your project involves clinical trial/s, abnormal level of risk, working overseas or working with animals, have you consulted with the Health and Safety Manager in drawing up your risk assessment?

Yes ☐NA ☒

If your project involves clinical trial/s, abnormal level of risk, working overseas or working with animals have you marked this clearly on the form (Section 4) and read sections 3.5 and 4.2 of the guidelines?

Yes ☐NA ☒**Publication of Results**

Have you described on the form how you will publish your findings? (Section 5)

Yes ☒

Have you described how you will ensure the anonymity of your participants or asked your participants for explicit consent in your consent form to identify them in your research?

Yes ☒**Storage of Data**

Are you aware that the University's Code of Good Research Practice requires you to retain data intact for a period of at least ten years from the date of any publication? (Specific professional bodies and research councils may require a longer period of data retention.)

Yes ☒

Have you described how and where your data will be stored at the University and how this will be kept secure? (Section 6)

Yes ☒**External Guidelines and Funding**

Have you noted any relevant subject-specific ethics guidelines (e.g. from a professional society) and considered how these will inform your research? (Section 7)

Yes ☒

Have you considered whether you have to apply for ethical approval through another organisation (e.g. NHS)? (Section 7)

Yes ☐NA ☒

Have you provided full details of any external funding and the approval stage of your P1 form? (Section 7)

Yes ☐NA ☒

Have you included a contract or any other formal agreement relating to the project?

Yes ☐NA ☒**Applicant's Confirmation**

Have you added an electronic signature or typed your name and date in the applicant's signature box?

Yes ☒

If you are a student has your supervisor checked your application form before submission?

Yes ☒NA ☐

Will you email the Ethics Administrator and make sure you attach your Ethics Application Form and all documents, e.g. Participant Consent Form, Risk Assessment Form and any additional information for participants or for other purposes?

Yes ☒**Presentation**

Have you completed the form using size 12 black font, using one font (e.g. Arial) throughout

Yes ☒

the form and removed any large gaps from the application form?
Have you proof-read your application form and attached documents?

Yes ☐

Ethics Approval Process

Do you understand the following?

- the ethics approval process can take several weeks
- that you must not begin your project or enter into any agreement or contract until you have received email confirmation from the Ethics Administrator that you can begin the project
- that the Ethics Application Form will be approved by your Department and the Ethics Committee may be asked to advise on problematic cases
- that you may be asked by the Ethics Administrator to make revisions to your form and you will be given two months to make these revisions from the date of any email sent to you

Yes ☐

Yes ☐

Yes ☐

Yes ☐

SECTION 9: APPLICANT'S CONFIRMATION

I confirm that the information supplied on this form is correct and confirm that the above checklist has been fully completed.

Applicant's signature:

Joanna Gee

Please use an electronic signature or type your name

Date:

22/1/2011

FOR STUDENTS ONLY: DIRECTOR OF STUDIES SIGNATURE

(Where there is not a Director of Studies this should be completed by the academic supervisor)

The Director of Studies is required to:

- scrutinise the Ethics Application and all participant-facing documentation
- suggest and check any changes which need making before the form is submitted

Please tick the box to confirm that you have approved the application and participant-facing documentation ☐

Signature:

Del Loewenthal

Please use an electronic signature or type your name

Print name:

Del Loewenthal

Date:

22/1/2011

APPENDIX 6: RISK ASSESSMENT

Title: Researching how psychotherapists experience working with a client in despair in a UK prison setting.									
Risk Assessment No: 1	Event / Activity:		Research interviews		Date Assessed:	1 0 / 1 / 1 / 0	Assessor's Name: Joanna Gee Assessor's Signature:		
					Review Date:				
		Uncontrolled Risk				Residual Risk			Further Action Needed
		Severity x Likelihood = Risk Rating				Severity x Likelihood = Risk Rating			
Hazard	To Whom	S	L	R	Control Risk by	S	L	R	
Hazards encountered traveling to and from interview location	Researcher and participant	3	1	3	1) Ensure interview location is mutually agreed by researcher and participant; preferably a location familiar to both parties if possible, but the participant in particular. Interviews not to be carried out in participant homes.	2	1	2	

Hazards encountered within interview location and surrounding environment (trip hazard, fire hazard, lack of health and safety knowledge of environment)	Researcher and participant	3	1	3	1) Ensure both participant and researcher are aware of the health and safety requirements of the interview location and surrounding environment. 2) Ensure floor surfaces are dry and free of debris and no trailing wires are present. 3) Ensure both partici	2	1	2	
Interview situation and sensitive topic raised within interview, potential of emotional distress within participant	Participant	1	1	1	1) At the commencement of the interview, participants will be asked whether they feel they have sufficient support in case the interview raises memories or issues for the participant. 2) Following the interview, time will be allowed for the participant t	1	1	1	
Risk to personal safety of researcher	Researcher	1	1	1	1) Maintain up to date document of interview arrangements including exact location and time of interview. Document left with family member. Arrangements made for researcher to make contact with family member before and after each interview. Family member	1	1	1	

Severity

Risk Matrix

HIGH	3	Fatality or major injury causing long-term disability			Likelihood		
MEDIUM	2	Injury or illness causing short-term disability					
			Severity		H	M	L
LOW	1	Other injury or illness		H	9	6	3
Likelihood				M	6	4	2
HIGH	3	Certain or near certain		L	3	2	1

Risk Rating

Immediate action required to reduce risk

6 - 9 HIGH RISK
3 - 4 MEDIUM RISK
1 - 2 LOW RISK

Seek to further reduce risk
No action but continue to
monitor

APPENDIX 7: PARTICIPANT DEBRIEFING DOCUMENT

Briefing Document

Researcher Contact Details:

Joanna Gee

Department of Psychology

Email: Joanna.gee@hotmail.co.uk

Telephone: 07795 023522



Research Title: Researching how psychotherapists experience working with a client in despair in a UK prison setting

Dear Psychotherapist,

Thank you for taking the time to participate in this study.

Following the interview, time will be allowed for you to raise any questions or discuss any matters arising from the interview. Should any concerns become apparent, a follow-up peer support meeting will be available to allow the issues to be discussed. It is important to note that the peer support meeting is not a therapeutic meeting but an opportunity for discussion. It is to be hoped that as a psychotherapist you will be able to seek further support from your own support network (e.g. personal therapist, supervisor). However if you do require further assistance in seeking support, the researcher will be happy to advise.

Please be advised that participants may withdraw from the research at any point prior to December 1st 2012 when data will be collated for analysis. Recorded interviews will be transcribed and stored in a secure location ensuring that all identities remain anonymous. Data will be retained and destroyed as per Roehampton University guidelines. The data collected will only be used for the purposes for which they have originally been collected. The final dissertation and transcripts will be made available to you on request.

If you have any questions or require any further information about the research project or your participation in it, please feel free to contact me using the contact details above.

I thank you again for taking part in this study.

Joanna Gee

Alternatively should you prefer to contact an independent party, please find details below.

Director of Studies Contact Details:

Name: Del Loewenthal

Department: Department of Psychology

University Address: Whitelands College,
Holybourne Avenue, London, SW15 4JD

Email: D.Loewenthal@roehampton.ac.uk

Telephone: 0208 392 3000

Head of Psychology Department Details:

Name: Diane Bray

Department: Department of Psychology

University Address: Whitelands College,
Holybourne Avenue, London, SW15 4JD

Email: D.Bray@roehampton.ac.uk

Telephone: 0208 392 3000

APPENDIX 8: VERBATIM TRANSCRIPTS

A. Kerry

Researcher: So how do you experience working with a client in despair in a UK prison setting

K1: Um, I guess when I start thinking of despair, I kinda get this feeling in my stomach actually. Um, and it's, it's probably like a hollow, empty feeling. I don't know if that's 'cos it is resonating with something in myself, but also when I think of despair, I immediately think of hope, um, and I, I think that's my challenge of working with despair because the way I, I kinda see the world or experience things its always to look for hope and I always, very much look forward. And I think when I'm faced with a client who's in despair, I dunno, it, I just find it overwhelming, actually, I don't know how I deal with it. Um and there's a part of me that wants to give them hope so maybe in a, in effect, I find it very difficult to sit with despair, um, maybe my kinda way of looking at hope or whatever is my defence against despair. Um, and I think in a prison setting, you, there is, there's, there's, so much despair it is kind of overwhelming in a way. Um. And I'm just thinking of one client in particular that, I mean he was very young, he was I think literally just come from the young offenders into Pentonville and you can just see that over the course of his life, you know, from the age of about ten he had just been in trouble or whatever, um, and he was obviously quite a complex character and stuff but he would just, just sit and he used to...he would, he missed his family, he missed his girlfriend, he missed his children or whatever and he, you know, caused a lot of, sort of, serious offence, its, um, but, and it sounds really, kind of paradoxical but he would, he would talk about wanting to go to Africa with his family when he got out, wanting to go to Africa, um and helping all the poor people over there. And I actually recognise now, that I, I kind of bought into that because for me that was hope, there is hope that there's good in you, there's hope that you can do something, um, but then just seeing him as well, just, just crying and such a mess in a way, um I, a, I think actually yeah, it was difficult for me to maybe sit with his despair and hear his despair because I just wanted to give him hope. That's something in me always wanting to see the good in people and you, everybody's got potential and I want you to reach your potential. Um. And I'm just kinda reminded now, of, he was on a p, phone, I hadn't seen, he'd finished the sort of therapeutic stuff that we were doing DBT, and, he, I'd gone to find him to talk to him, he was, had a phone call and he was trying to get through to his girlfriend and then, we just talking over the sort of balcony, the, whatever you call it, you know the banister thing, um and he was, err I felt that and whether yeah this is just unable to be aware of seduction or whatever when you are with, sort of, prisoner butts. I felt he did let down a lot of his defences when he was talking with me and he did show his vulnerability and his des, his despair I guess in a way. Um, and it, it sits with me, I still kind of feel that, that kind of or it touches something in my, in sort of in my stomach if you like. Or. Just wanting to help and, yeah it's, it's just really, really difficult. Um, wanted to help but knowing you can't, really, because It's got to come from them, they've got to shift that themselves. Um, and I'm just getting an image now of, like a diagonal, a sort of seesaw. And it's, there, there at the bottom of the seesaw in despair and then I'm jumping at the top, kinda hope. And it's quite diametrically op, opposed, I guess quite polarity there. Um, which gain's reminding me that I think hope is my defence against, sort of, feeling the pain of despair or

whatever. Um. And I think having worked in a prison as well, you kinda know a lot of the backgrounds of, of the sort of, the prisoners or whatever and sometimes you just feel they've never had a chance 'cos its often they've just got involved in crime from such a young age, um, come from dysfunctional families, where there's been abuse you know severe poverty, just the environment there born into where its drugs or whatever, its, is the means to survive and I think it just, it, mm, it's just kind of a sense of despair in that, what kind of other way was there for them. And I know there's always a choice and not everybody's whose born in that environment ends up in prison, but there does seem to be that commonality, from their early lives, the way they were brought up, is kind of, lead them down a path that's ended up into prison. Um, and I suppose that, in, in me it brings up a sense of despair about society in general and how can we, kind of, do things, or improve, to sort of help, um. And I'm just thinking, an um...but there is something about seeing, sort of grown men cry as well. I know that's probably cultural stereotype, obviously men do cry, but there's something very moving to see, um, you know, these men in prison if they cry as well and they break down and they show their vulnerable side, it's like they almost reveal that child in them. Um and maybe, it, that does trigger that maternal, kinda, aspect in me, um, and I dunno, maybe it's all again, maybe it's all a ploy, but I don't think so always. I think, you know you can connect on human level with somebody, um... And is, but it is, as soon as I think of despair, I bounce back to hope again, so there's that, that, definitely that thing going on in, in me. Um and I'm just thinking again of another err, prisoner that I worked with, um who, again was part of the DBT, err programme for a while but then he dropped out, um, and he presented as quite, sort of, aggressive, or sulky or passive aggressive in, I know in a lot of the group sessions, um and in the one to one, he was, he was more open, um, but he seemed I OK, I knew that he was going to get out in a few months, he found pottery and music and art a really good way, of, um coping with being in prison, err and he was just literally counting the days down to his release and then I found out, um, that he'd tied a ligature around his neck, um, he'd been found but he was alright and that just, that kind of conf, threw me as well 'cos that's somebody who I thought was coping and he knew that he was getting out, he'd found, he was talking about different things to do, he'd wanted to go and to sort of couple therapy with his partner when he got out and everything. And then to find out he had tied a ligature around his neck, and I guess, the, the, the despair he actually must have been feeling inside, and how I hadn't picked up on that at all, um, either through my inexperience or whatever, or, or I hadn't wanted to see it, um, and it just, I guess, it brings, it brings it back, um, in a way that despair can be s, hidden as well and even somebody who seemingly was, looked or came across as being quite sorted, they obviously had that despair in them to the extent that they wanted to take their own lives or, or whatever, um. And then I mem, I remember sort of kind of criticising myself internally, how did I not pick up on that or whatever. So I think despairs just, just a really hard, I find it really hard to work with because I find it really hard to stay with it. And I think that's maybe because it touches on my own, maybe my own sadness or my own sort of feelings of hopelessness that I have felt, um. Um... And I think just in the prison environment as well you know suicide, and you are aware of sort of despair a lot more, it's kind of, microcosm, it's a small world that kind of reflect a bigger world, in prison, and it's kind of magnified as well, um, and I guess I despair, just because you see the same, you know, you know the clients I worked with, they'd be in prison some of them, so many times and its almost, that's there life in a way and you kind of despair about how is it ever gonna change for them, you know the prison in a way becomes their secure base, their family and everything like that and it's the outside world which is so alienating and frightening to them. The kind of, you just wonder, what is the purpose of

prison and whose it serving in effect, um, and I despair at other people's attitudes as well, I think, towards prisoners and prison and this kind of, throw away the key attitude as well, and that's kind of actually led me to that, was it John Venables, um, that case that's come up again recently, 'cos he was found having child porn and whatever and I just despaired at societies attitude towards him, they were child killers, but they were children and had their own sort of, histories, you know, sort or abusive upbringings, or whatever, and then you see, you know, the outcry against them because of obviously what they did which was horrendous but then you see society attacking two children and is that any better than what they've done? Um, see, I yeah, it's kind of despairing at society I suppose in me, I. I dunno, it's just how are things going to change, um, it's just kind of changing people's attitudes, I guess, in a way. Um So I think, some, it's, I despair at the prison as an organisation, as a structure, as a means of helping really. Um. 'Cos I don't know if it really does help and the lack of compassion in society as well, or there just not, unwillingness to sort of understand. And then I guess in my other work as well, with Kids Company, just realising how high about 80% of prisoners have learning disabilities as well, and it's such a complex picture than you, we are led to believe. Um... And I despair at, kind of, the experiences I guess that the prisoners have to endure, just the boredom I think that was the thing that, there's just nothing for them to do, and it's the boredom and, so I, its something about me despairing about the situation on their behalf, so its, I don't know, with me something about, I'm finding it hard to sit with their despair but I can feel it on their behalf. Um.

Pause

Break (participant requested).

So I'm just, such, I'm just remembering kind of working with one of the clients. Um, he came in with all his, kind of, tattoos and sort of, self ha scars, where he'd sort of cut himself and that and I remember being, it's the first or the second session and I know he, he had a history of being quite violent and stuff and I was feeling really anxious um, you know in effect your locked in a room with this person, um, and I think he started talking about his family actually and his, his son, and his son had been born when he was in prison and he was born and, I think he started to cry or show at least emotion, um, at the sort of missing his son and not being there, and that was, it was really hard 'cos I'm a mother myself I guess so that, it was really hard just to see him. I could see in him he wanted to make things right, he wanted to kind of correct what he had done wrong but it almost felt, that he was kind of trapped in this, in this situation, um, so I guess when I saw his, his, you know, him, him crying and, it did make me feel uncomfortable but I did just, I tried to just stay with it for at least, just to let, let him be vulnerable 'cos they don't have many places where they can be like that in prison, um, and he talked a bit about his family and then, he st, as I said he started to talk about what we wanted to do when he got out of prison, um, about going to Africa with his family and helping the people that really didn't have everything. Anyway that felt easier because for me, it, it was that, I suppose at the time it, it tied in with the hope and there is hope and oh there is a really good side to this person and um, it just, it just felt easier in the room. But maybe again in reflection that's 'cos I just, I couldn't handle sitting with his despair. Um, that's probably one of the hardest things to, to sit with and to feel and to acknowledge. Um, but like I said because my default is always to look, look for the bright side of life, there's always help, there's always change. Um, and so I did find that really...difficult in actually in comparison to another client who I had who'd again he was a really, he was young, and

so he'd been in prison quite a lot of times, but we had this one session, um, again he was talking about his girlfriend, and...he'd had a letter or a phone call or something that maybe she was um, with somebody else, I can't remember exactly but he just...and this is somebody who would walk around with his chest puffed up on the outside but he just, literally for about half an hour, the majority of the session just cried, um, to the extent where sort of snot was coming down his face, luckily, I say luckily, there was a tissue in the room so he could clean it, but yeah actually if there wasn't loo paper or tissue, I don't know how I would've reacted. Um, but he just cried and cried and cried, and I'm just trying to re, sort of think how, in a way I felt more comfortable with that. Um but I know I did try and reassure him as well. That it was a safe place for him, to sort of express that. Um. I was trying to reassure him that it, it was good and to cry and err, it was a safe place to do that. Um, and strangely that felt OK, um. I didn't get such a sense of despair in that, in ss, that kind of situation, I don't know, maybe it was just emotion coming out that needed to come out, um. But there is something very sad about the fact these men can't show their emotions, sort of, you know on the wing or wherever, they have to act, you know, all tough. And the value of having a place where they can show their vulnerability or their despair in a way. Um, but I do remember 'cos I think it was probably only the first or second session, second session I had had with him and I do if I'm completely honest remember feeling pleased or relieved that at least he felt safe enough to cry in that session with me, so it was something about my own insecurities as a therapist, but I felt, you know, good that he felt able to cry in that. Um, setting. And then he did, after, at the end of the session he did sort of pump his chest up and go back out on the wing as if nothing had happened. Um, but I wasn't left with a, a feeling of despair in a way, um, probably because I interpreted it, being quite inexperienced in working in a prison environment, I felt, I maybe, at least I cl, been able to create that connection with him where he felt able to cry, um...I feel a bit kind of guilty feeling like that, but that just, that kind of the honesty, honesty really. Um.

Pause

But going back to the client that um, wanted to go to Africa to help people worse off. Um, I think it's, it's part of his age as well that is cos he was so young. Um and had this young family. And I'm wondering if maybe that made it harder for me his despair um, 'cos in effect that you feel they are still like children as well. When I think of his I just always have the image of him sitting in his cell by himself. Um and the image is a sort of cell door slamming behind them, and just cutting off everything cutting off. Sort of their connection with the outside world, cutting off their connection with the future in a way, um, it's almost like the slam of that door casts off any hope. But I think as a therapist working in, in that environment you have to be quite, um, in a way have my own internal door that I slammed just to protect myself and, and my feelings 'cos you have to be very boundaried I think. More so than sort of when you are working therapeutically in other settings. Um, 'cos there's so much that goes on, on an unconscious level. And I think the way that they all come, whether it's something in me as a person or whatever, but they portray their victim side very much to you as a therapist. Um. And whether something in me wanted to see that again, wanting to see the hope of whatever, um. And I'm just thinking, I dunno, just actually even describing it in words, this whole thing of working with despair is so, it's so difficult, um, but words are quite easy to hide behind as well. Um and I just had an image of maybe painting a picture of despair, and I just saw a, it was like a swirly, sort of circle, um, if I, kind of thought how would I paint despair, I was almost sort of a sheet and it started off as reds and oranges but then it went blues and

greens. Um sort of the darker colours around the outside going into sort of a lighter colour in the middle. And in a way that reflects, that image reflects what I feel, um, kind of in my stomach, sort of energy, solar plexus area, I'm not sure, this kind swirling energy, err, in a way.

Pause

And I notice myself getting tired as well now talking about it, running out of energy. Um, and whether that's my avoidance of wanting to talk about it, um. 'Cos it takes energy actually, I think despair, sitting with despairing, hearing the clients talk, or seeing them sitting in that state of despair it takes your energy, I think it. And actually that's how I felt, I think with the client that I've talked about a lot. Um, the one that wants to go to Africa. I think I just felt drained, emotionally drained. And I think seeing them just sitting, having hopes but also feeling they will never reach those hopes as well. Um. Kind of takes a lot of my energy. It's also frustration I think when you're with them. I think as a therapist working with somebody with despair it brings a frustration, I, I wanna shake them as well, I wanna say...um, you know you can change your life, there are choice, you are, you are in control of your life. 'Cos it's a sense that they feel they are a victim of their circumstances and that is, there's something about helplessness and powerlessness that comes from them and that makes me feel very frustrated and angry because I wanna, sort of, you can change, its, it's your life, you can make a different decision next time, you can get out of this. Um so I find it yeah very frustrating actually. Um. And I think something in it mirrors the feelings that I feel must mirror somehow what they are going through, this sense of almost pain and loss and sadness and it kinda moves on to anger and frustration but there's I think as a therapist I am left holding a lot of those feelings. Err. That they don't wanna hold on to. Um. Except in the case of the one who tied the ligature, this is the, this client, it was, it was such a shock when I kinda reflect back to working with him, I mean I only worked with him for sort of, I saw him for about three sessions I think. The first session was just getting to know, know him and kind of form, the relationship beginnings. Um. The second one he talked about his children and what he wanted to do when he got out, err he came across as being very in control or like I said and in, I know in the group he came across as quite aggressive, passives aggressive but on a one-to-one, he was much nicer. And he was one that I didn't, I didn't actually worry about so much ironically. He was probably out of the three or four clients I saw at the time of working with him, my, I thought he was OK, I thought he only had a few weeks to go. Um, he talked about wanting, like I said, couple therapy, um, I didn't give that much kinda, added, extra attention to him, I really thought he was OK. I thought maybe the DBT wasn't suitable for him, um, or he wasn't finding it suitable. But he wasn't one that I, I worried about, yet he was the one that made an attempt at least to take his own life. Um. And I think when I found that out I felt guilty, I felt shocked, kinda questioned had I done something wrong, had I picked up on something and I never, I never actually saw him again after that. I can't remember why or how, um, we'd already had our sort of final session.

Pause

And it just me, yeah it just, and I have sort of image on him sitting in a, a black room. Now just, and I feel, I feel guilty I guess although I know it wasn't, although I know it wasn't my fault or there wasn't anything necessarily that I could have done. But err, I feel guilty that I didn't pick up on his despair. Um, I didn't see it, didn't recognise it. Um,

maybe unconsciously I didn't want to see it, I don't know. Um, but I think as a therapist, I think there's probably so much despair that we can work with or hold and I think something does shut down within us, within me. Um, but it's such a challenging environment to work in and, probably every kind of prisoner there would have some story of despair in their lives, and I think the only way to survive as a therapist is to sort of be very boundaried and just shut down. Um, which kind of makes me question my whole reason in a ways for being in there as well, Um. And I kind of now just notice wanting to keep finishing the interview. Um, because maybe on a more conscious level thinking I don't know what else to say but I think unconsciously it's so uncomfortable, it's so difficult to talk about and it, it's something actually which I can only deal with in a sort of small dose, or a limit, 'cos, talking about it, working with it, whatever it's something that as a human I can only experience in a sort of limited amount. Something very exposing about it as well. Um, it's kind of I notice even now just talking about it, it's kind of this battle about, just wanting to, just to stop. And I'm just trying to think is that because its exposing to talk about despair, does it bring up my own vulnerabilities or my own um, pain or my own despair. And maybe I cope in the world by being very optimistic and very positive and very driven. But I know that probably masks a lot of my own sense of despair and its maybe it's about not wanting to look at my own sense of despair that prevents me from being fully present. Um, to hear others despair. And I'm wondering if why was I, I attracted to working in a prison environment as well. So that's something to do with that. Often we are attracted to our own shadows which is quite interesting because I always thought it was something to do with violence actually, working in a prison, I thought it was 'cos I don't own my own inner violence or whatever that, that's, what's attracted me to work with violence people but maybe there's something about despair as well. Um, I've never actually considered that before. But it just takes your energy, it just, even now, my, my voice, the whole energy is just leaking out of me, Um. Researcher: I was just thinking what you do, do to cope with the client work. So for example, whether you use supervision or therapy?

K1: Ok, um. I mean I suppose I was in, when I was in prison, I did have consultation and sup, but not, I think I recognise I needed more supervision, or my own personal therapy. I had, had been in but I'd stopped for financial reasons. Um, and it actually comes back, I think I, I use words very well as a defence. So, unless, the sup, supervisor or the therapist is very attuned into that or knows who to work with that, I, I can kinda get away with it. Um, I think my emotions, my feelings are very well guarded. Um and I haven't yet had a therapist or a supervisor that has been able to penetrate that although I've actually pointed out to them that this is my problem, please help me with that, they haven't. um, I don't know how I, how I've worked with despair or how I've managed it myself, although I've had supervision. I don't think it, it touched on that actually, or it recognised it, probably because I hadn't recognised it myself. Um, and I think, obviously working despair It's also, kind of tied up with my own despair. I do things like cry at children's films, you know, on a Saturday or go to the cinema. And I'll always cry in the children's films, I cry in Eastenders. So I think my pain or whatever comes out in things like that. So, I guess that just, or I bury it, I think I'm very good at burying stuff so I just kind of internalise it and its, even now like I said when I thought of, of the beginning of the interview I sort of said that kinda of hit my stomach, or this, this area, solar plexus area, 'cos that's where I felt it. I'm still actually, throughout this interview I've still felt a pain here and I think that's where I store everything, despair and all that. And so I, I feel maybe I'm just holding onto it actually and the, core thing. Um, and I process it coming out in crying, whether I'm listening to music or watching films but I suppose I'm never 100% clear is

that, sort of, the despair from my work, is that my own stuff. Um, I think probably I don't process it's enough, I think that's something I need to. Um, and I keep getting this image of painting and I think, in a way that's why I need to, I think art, or a non-verbal method, for me, would be more suitable to deal with feelings of despair. And I do sometimes doodle or draw or whatever. Um, then music I find really powerful. If I can listen to music that helps me to sort of cry and process it all. But I think working, sort of, in a prison environment, you really, need a really experienced supervisor, uh, umm, really, really, who understands it. Um, and I suppose the model we were working with, which was DBT, its, its different, but also inevitably all that sort of transference and countertransference and unconscious stuff happens, in a DBT model it's not really acknowledged. But I guess actually working in a team, it's quite interesting so maybe the team process the despair in a different way and I felt quite despairing of the team at some points as well. Wasn't a particularly holding or containing environment that we were working in. Um, but yeah I should of have, I know I should have had supervision, we had supervision provided within DBT but I recognise the need to have had, sort of individual supervision. Um to be able to explore the despair and in a way I've never really thought about the despair aspect of it, just talking about it now in the interview is probably the first time I've actually thought about it. Um, and sort of actually realising what I've been carrying possibly for all that time so its kind, quite revealing in that sense. Um, and it feels quite cathartic just talking about it now.

Pause

And just, I really know I need to get back into therapy. It's kind of, it's really important. Um, and it's weird because I'm not working in the prison right now but its, I feel another gate is closed and part of me is quite, relieved that I don't have to go back into that environment. Um, and it's like I've shut, you know, again closed the gate, shut it out of my mind. Um, there is something unbearable about it, having to face, like prison in a way, going to prison, its going, facing all our demons and all our hidden sides that we don't want to sort of look at and face, which you kind of do when you are in there. But as soon as you've left, you can shut, shut that gate and not have to consider it which is what I think society does as a whole. Um, but I know the prison is still there and I know, kind of, lurking in the prison, lurking in my own sort of unconscious I've still got all those kind of worms, and spiders and cockroaches which are still all there. Um, until I face it. There still gonna be there, um. And it is this sense of the relief to be out, um and not have to look at it all or face it all, but still, there is still that, a pull, there is still a, a magnetic pull, wanting to go back and explore and. So it's a very strange dynamic going on, um, just working in prison in general. But yeah being faced with this, this overwhelming despair and not knowing how to cope with it, I think, because you're not told beforehand, there's no warning that you are going to be faced with human, hum, human beings or humanness in all its worst shaped and forms. Um, and all these contained emotions that are flying around, that I think as therapists we pick up really. Um, and I'm just thinking it's so important that its addressed and, you know, for anyone working in prison but a therapists we're more, I think absorbent or more sensitive to sort of picking these things up, and how. Actually we need to be prepared a lot better I think. Um, or at least have much more support. Um, yeah. I kinda feel I want to stop there, but...(27.57).

B. Dean

Researcher: So how do you experience working with a client in despair in a UK prison setting?

D2: Ww, I think for me, being a, being a completely inexperienced, err, student on a placement it's something that with reflection took some time to, to even acknowledge it was there. Um, that's my first experience of practice outside classroom triads and I think that, um to a certain degree, I, I was, I was blind to it, in, in, in a naive sense that, working in a prison would be just like working anywhere else. What, a lot of people had said to me about doing the work anyway with and again with reflection, some of that holds true now, now that I can look back at time in ww, other environments and in my private practice. The despair seems to...yeah seems to be in every sentence, and in between every sentence that somebody that you're working with speaks about, even though, um, after a little while I began to realise that I was meeting and working with men of a similar age, uh and with a similar question to life which was, whadda I do next, when I, when I finish here what am I gonna do and how am I gonna avoid coming back here. So, in some ways, it was, it was incredible easy to say there isn't any despair here because a lot of the work was about what happens next, what's the future going to be like. Um, yeah and it was very easy to, very easy to focus on that and stay mentally and emotionally engaged with tomorrow and the day after and the next 10 years and what life would be like for them and what life ww, what life would be like for me. And, yeah put it quietly away in the corner and not worry about it but you of course, with, with more time and more experience you realise that that is around, it's, it's in every session that, from the fact that you're to a degree are a break and change in the normal pattern and routine, err, but once that session had finished, err, or started to finish, you could feel that returning to, to the, to the atmosphere of the room you were working in and in lots of senses, I'm full of admiration for, quite a few of the people that I worked with, that they were able to be around that feeling and engage with the work they wanted to do and then return to, erm, yeah walk out the door and return to the bravado of life in the prison and the general, and the general population and the, and the erm, loud, demonstrative behaviour that most men seem to adopt in that environment, lots of waving and shouting and you know, 'And I've just finished seeing the shrink.' Um, I think there were times when, when its, when, when it was more obvious that err, that I was struggling with it and those were, are you ok with it, for instance, with no names or? Um, where a particular client had um, I had gone to collect him on, err, on the wing, err, just before I our time and was told he wasn't there. 'Had he been transferred?' Err, 'No Sir, no, no no. He's in the building still, I don't think you'll get to see him Sir, err, he's, he's been a bad boy.' Err, 'So where is he, and can we try, can we try and find him.' 'Well he's in the, he's in the block and he's waiting to see the Governor'. No, no, but, and that, that awful formality of trying to interact with, err, with, with some of the staff there. And err, I was able to push past that boundary but still respect my clients by asking over the telephone whether someone would ask him if he wanted to see me, we had an appointment and did he, did he still want to meet. And he did and, I arrived to find him, 50% of his face is, his face covered I bruises and sat down and immediately thought, what's, what's happened. Um, 'I'm waiting to see the governor and um, yesterday afternoon they told me I had to move, they were gonna move me 200 miles away, I'm got 6 weeks left, there's no way my family are ever going to be able to get to see me and I don't wanna go, so I refused. So they romped me up and err, and I didn't want to let them do that so I resisted and so

they, you know, you can see what they've done to me and I'm waiting to appeal, and, I and I know It's going to mean nothing and I know I'm going to get more time on my sentence, but the, you know, but I don't wanna move and I don't see why I should.' It, it in that story and I'm trying to be mindful of, well try and be mindful of the client, there's the, the, there's so much of that all, all summed up. There coming towards the end of their time, they'd chosen to work in the last six months of that, to, to, to address some of their issues and, and to, and to deal with trying to build up a, a level of support when they were realised, that they hadn't, they hadn't even thought about before and the family had responded that by increasing the number of visits that they made and that feeling of them being removed, err and not having that access to that support, err and the immediacy of it. Was, um, was almost, yeah, was, was too much for that client and at that time, it was, was presented to, and was still pretty close to being too much sitting, waiting, knowing that things were inevitable, and that, that, that sense thereof, there's nothing that can be done about this and, I guess that's one of the differences, you know, it's one of the huge differences of working in a, in, in a prison, to outside a prison. Or even working in a, a, in a different environment, in, in, and in a non-therapeutic environment. There's something to be said for just saying, ok, well there's nothing that can be done about it, let's move on. Let's try and make the best of err, yeah, the best of a bad situation. But of course, at that, at that time, there was nothing that, that could even come close to repairing the, err, the despair for that person and saying something like that would have seemed completely trite and trivialized their situation. I might as well of, I don't know, popped off and made a cup of tea and come in with a sticking plaster for a cut, um, and, and, you know, it, and I chose that deliberately because It's kind of the most ridiculous destroying of hope, that that, that, that situation, and circumstance, brought on that person. Now I don't for one minute excuse what they have done to get to that point, but, the extra, the extra strain that this system and the environment puts on that working relationship means that, err, in that situation and quite a few others that I can think of, the, the, you know, the, you can't work past it and you can't work through it. So you make, you try to make the best of the situation that you can, you, you think about the reality that this is an ending and you try to bring that work that you have to a close, you, you make an agreement to look for them the following week, just in case that its successful and, and that's, that's probably as much as you can do, in a, in a situation like that. And it goes, yeah and I guess really and honestly thinking about it now, it goes right through all the work that you are doing, or, whether, where, whether you are aware of it at the time or not. And I can't remember, I can't remember speaking about it, about the despair of somebody's situation in mu supervision, or even, thinking back, even, even feeling, feeling, feeling that I had written that word somewhere, in my notes for, for my use, for, and for case presentation. So, I think it just...really actually it just cuts across all the work anybody's trying to do, in, in that situation, um. No matter, no matter what the conscious presentation is, what's going on for that person and how you are engaging with them.

Researcher: Their conscious presentation?

D2: Their conscious presentation. Um, the unconscious despair, err, err, is always going, is always going to be present and is always going to be communicated. Yeah sim, simply because its, an environment by design and a system by design that's going to keep reinforcing that, because that's it's, I think that's its main purpose, to point out to somebody that, that it is an awful life, err, and think, and again thinking about my, my reaction to it, err, err, I, I, I think something's fallen into place for me now, I think for the, and you may have heard this from, from other people, the first six months that I, that

I saw clients in prison, every time I met somebody socially that I hadn't seen for a little while and they asked me what I was doing and I, I would tell them, and I kept saying to people, if you ever get anywhere near anything that might put you in the way, in the way of the law and ending up in that place, just, just stop now, don't do it. And I think there was something there that, in lots of ways I couldn't contain, because it had, because that was my way of, that was my, my way of, err, reducing that despair for me, by, by giving it, by giving it out in a, in a cautionary tale. Not without, not by speaking about working with a particular client but by talking about the, err, the environment and the process of getting in and out of the building even as somebody that's apparently, sit, err, checked for security and trained how to do xyz, um, and the system of moving around the place. So I think, in, in a lot of ways, its...yeah, I, I, almost, now, now, talking about it, feel like this is, this is something that's actually really important and is, something that should be brought up as part of, as part of preparational training for, for therapists going into that environment, and particularly, particularly, someone like, someone like me taking on their, taking on their placement, and, and, no doubt about it, getting fabulous supervision and support from a very committed bunch, bunch of people working there, but at the same time its, yeah things to be, something to be aware of when committing time and effort and engagement to, to working with, to working with people, and again I think there's, you know, something that pushed me forward towards to working in that, working in that, err, in the, in the prison, was, was a sense of, if I'm, if, if I'm allowed to make the time and space to, to look at how I can change and what I can do, and what I can be. Then why, they why shouldn't somebody, in that, in that position and you know, I still believe that and, but at the same time I think, yeah that's err, that's a little bit of, err, a little bit of, you know, repression perhaps, for the, for the reality of, of what that environment, of what that environment was like.

Pause

Researcher: I was interested about, um, if the despair came up, how you responded to it.

D2: Um.

Pause

D2 Yeah, and I'm, I'm not at all sure how I would of and I, and I was just trying to think of situations where I could, where I could now look back and say absolutely that was, that was a time or a session or a series of sessions, where, when really that's what we were tackling or dealing with, and I, I think there are...there are a couple that, that, that jump, that jump at, err, at me, and I, I, I guess one, one in particular where, and, and, we'd been, or, or as id been talking about...the, the, the, the atmosphere, err, the almost, the active conspiracy and complying with, with, a covering up the despair, between, you and, you and, you and the client, err, as y, as your working with, working with somebody that, that liked to make it clear that if, you know, if, if there was and if there is, is some sort of criminal hierarchy that they were quite a long way up it. And um, they, they, they'd only been let down by the flaw of detail in their plan and that's how they'd...they had ended up in this situation but they, you know, wanted to work because they were on their way, they had six or eight months to learn, until the possibility of parole and they were convinced that they, that they could get through that. Um, we met the day after a parole application. And.

Pause

And as I, yeah, and as I went along and asked the guard to, to um, to unlock him so I could collect him and ask, and ask if he'd like, if he'd like to have his session, and he gave a big sigh and he picked up some, up some papers that, that were rolled up reasonably tight and went off to a, to a room and sat. And he sat in silence for the first three or four minutes and just sort of just his head down and held the papers up in front of him. And after a little while I asked him, what, what was the significance and why had he, why had he brought them. And err he sort of dropped them onto the table and unfolded them so I could, and I asked him whether it was ok to look at it. And he nodded his head, and he said, err, and the papers said that his application for parole had, hadn't been granted, um, and then the weeks leading up to that, he'd been in a place where, he'd been in a place where... he'd completely convinced it was going to be successful and he'd made plans, for a family Christmas, looking forward to seeing, err, children, trying to, you know, trying to restart his relationship with his err, with his former partner. And the talking and, and talking all the, all the small little difficult things in life that, that err, that we sometimes forget to look at that need attention and, and the reality of err, realising that you know, that, you know, what he needed to do and what he wanted to do was find himself a job, err and that could be anything as long as it was going to pay the bills, and, and a bit of money, and, and so on and through. So, so, in lots of ways, there was, a sense of anticipation and excitement that, that, climbed generally towards, towards that date, and um completely disappeared with that client, and, yeah rendered him silent for the session. And after a little while of...attempting to communication, and making sure that he, he, making sure that he knew that I was in the room and if there was anything he wanted to say, he could. It was quite obvious that he didn't want to, um, and we probably sat for, I don't know, probably maybe thirty, thirty-five minutes, of, of that session together in quiet, and, the room was absolutely full of that despair and yet...you know so little was said and yet I think in, in lots and lots of ways that was maybe some of the, maybe some of the best work I ever did in that situation, um, so I think that it, it, in lots of ways, did, to come back to where we started...I think it depends on the, on the depth of relationship and the amount of time you are able to work with people, um, and the population itself is transient so, there's always that, I don't know whether that's for the client or whether it's for the therapist. There's always that sense, there's always that, that ling, that, that lingering amount of despair, that might well be met with the, with the reality that someone's, someone's disappeared out of the system, the system has sent them somewhere else, so you're, you're left holding that. And err, and what can you do about that as you head off to try or find somebody else or you walk out of the gate knowing, knowing that you're OK. And, and suspecting that there, that there not. But I think if you find yourself in the position where you're working with somebody that, it moves past that point when its short-term work and it starts to move into long-term work and you develop the relationship between you. If something then happens to change that after, after weeks and months, maybe six months or longer, that err, yeah, that's, that's...then it's an extra burden of despair actually thinking about it. I don't know whether that, whether that makes, makes sense or not but it adds something to the work that, that you're...that you're involved in and that you've decided to enter into with somebody else. That, err. That possibility that, that it's going to, that, that's it's gonna end and it's gonna end completely out of your control and, and with very little chance of communication from the person that you were working with. And again, I'm, I'm struggling in, struggling with my memory and thinking, was there ever any, was there any other sense around, around that, that, err, rapid ending, that, that, that you could mitigate

for or you could try to prepare yourself for and I, I, I can't remember, err I can't remember ever engaging with, with that thought, which probably helpless as if it's...yeah to think about, to think about their circumstances and situation and mine, and bridge and bridge the gap which is where we were working together, it would bring, it would bring the, yeah, it, it in lots of way it would seem that it would be pointless trying to do the work and, again I don't know whether that makes sense for you or not but, so perhaps that's why, that why at the time certainly I didn't make an allowance for, a conscious allowance for the despair in the work...and, I, I, I don't know what else I can say, I can say about that now actually, I have sorry of hit a wall there.

Researcher: How does it feel speaking about it?

Pause

D2: Well a lot to, a lot more difficult than I thought it would be, um, and, and just by opening the subject up, you know, its, it seems to be, seems to me to be relatively close to the surface. I don't think I've had to...to dig deep to find, to find that and connect with it and I'm, err, in lots of ways surprised that its, that it's there and that quickly to recall because on the whole I would say that...that I find w,, that I found it a fabulous experience to work there, and I, and actually...and this probably makes no sense at all, but I've worked in office environments that had a far worse and a far more aggressive atmosphere. Err, than, than walking, than walking round, and, err, meeting with, err, with prison inmates and staff. That probably makes no sense at all, but, but for me, that, I think that's, that the reality, in the same way, you know, if somebody said to me now, what was it like to work there, that, that's, that would be my starting point.

Pause

And that, a, a, and I'm an advocate for, for people like us working in those situations and environments. Absolutely never put anyone off who said they were thinking about doing that, but I think, yes, there's something, there's something about doing that...being mindful that the fact that despair is around and, and the question in my head now, what can you do to prepare for that and should you prepare for it.

Pause

Yeah. (36.08).

C. Karina

Researcher: So how do you experience working with a client in despair in a UK prison setting?

K3: The first thought that comes to mind, um, and I thought it might be easy if I said, I tried hard not to think about it too much in advance, so if I just sort of associate. Um, I think, um to have a patient who's experiencing despair in a prison, would be a healthy development. Mostly I think my experience, my clinical experience, um, not entirely but mostly it's been defences against despair. Um, however they might present themselves and in some ways, I think the index offence is sometimes committed in order to defend against or prevent something darker, dangerous, perhaps more psychotic from happening. So I think despair is quite healthy, it's really healthy, and prisons are not healthy places. My clinical understanding has been that there comes a point in the therapy, in the sentence for the patient, when they've started to recognise, for, err, the full extent of what they've done when they, that's when they go into despair. When you really know yourself and know what you've done and how you've created a future for yourself. Um, and it's going to be immensely difficult, more difficult than it was before. That's when patients slide into despair and that's when I think they become most vulnerable and most at risk and suicidal attempts, I think one has to be very, very, very careful as a clinician. So I think, certainly at the beginnings of a treatment what you get are defences against despair, the denials, um I didn't do it, I'm innocent, um it was a very bad judge, I was very unfortunate, people didn't understand me, um, getting into lots of, kind of, excitements, very kind of excited talk about exciting things, running round the prison, being involved in lots of activities, sometimes being completely inert, just laying in bed and all of these are kind of avoidance of, um, feelings and you know, using drugs, err, getting quite heavily prescription medicated, growing hooch and drinking lots of that, getting into fights, um with the other women or with staff, um, arranging punishment for yourself, sexualisation, falling in love, having lesbian, homosexual relationships, all of which are about taking your mind off of who you are, where you are and how you feel. Um, and thinking in particular, many, many years ago when I was doing my training at the Portman Clinic and I was in Holloway, working in Holloway. I worked with a teenager who had killed her child, she was convicted of manslaughter. Um, her and her partner, the baby's father, a little girl who was two, is it alright to talk in this kind of detail about the patients? The little girl was two years old, um, and she died over the Christmas holidays, um, of starvation, neglect and long-term violence and torture inflicted on her little baby body. And um, when my patient, who as I said was a teenager at the time of the offence, when she finally realised, I think was when she got her schedule papers that she was a registered offender, she could never, um, be around children, she would never be able to have another baby, she had two sons who were quite a bit older, she was never going to be allowed to have, um, unsupervised contact, it would be quite sparse contact with them. And she finally realised what had happened, um, and I, th, been anticipating it as I was quite experienced by that stage and I was anticipating it and talked to the officers on the unit and she was in a vulnerable prisoners unit, um it was never called that because there was no formal recognition that there was such a thing as a vulnerable prisoner, who, um by the nature of the offence had to be kept away from the other women. So it wasn't formally, but informally that was the way of it, and I would say to the officers, you know, I'm very worried about this patient can you let me know if there's any change in her condition, very happy to hear from you at any point in the week, cos I was seeing her for

once weekly psychotherapy, um, please let me know if any events, um, you know, formalities, sentencing, movement are coming her way, and I got a telephone call on Friday morning to say my patient had attempted to hang herself and they had cut her down, um and revived her and she was asking for me which I thought was pretty bloody extraordinary, you know, psychotherapists are usually the least of their interests or problems, but it was a very experienced senior officer who called me and I said I would, I could come up to the prison in the afternoon, got there are some of the women had chosen that afternoon to go hiding in education, err, to try, and let the authorities believe that they'd escaped, so the whole prison was in lock down and I couldn't get to her and I was sit, I remember sitting at the gate for hours and hours waiting to see if it was possible to get into her, and then finally giving it up and realising it was, err, impossible. The session prior to that, I has turned up, I had asked if there was anything happening, they didn't tell me anything and no-one knew anything in fact and when I got into the room with her, this silent, silent crying, completely silent, tears pouring down her face, her nose was running with liquid and she, she had um, a brown envelope, that she was holding like this, and she just cried silently for 50 minutes, um, and I had no idea what or why and after I went to the officers and said you know, for goodness sake, what on earth is going on and why didn't you tell me and eventually I found out that she'd um, that was, you know, that was the point at which she'd found out what her life was and she was a scheduled offender and, the real sense of catastrophe for what she had done. And I think that was probably, would be my understanding of the closest coming to despair really. But it was kind of a rolling despair so it was, her despair, her devastation, my bewilderment seeing something and actually having no idea what was going on, not being given the information. And then I think my despair of actually being called and being locked out, you know being available and then not being able to get in and be with her. Although I suppose the question is, what could I have reasonably done, why was she calling for me, what possible use could I be to her at such a time. What happened after that was, we were, began to get into some sort of conversation about the events and how she felt, but, err, it was very quickly followed by her request for a transfer to another prison, this is what tends to, this is what tends to happen when you really get into the sheer, relentless awfulness of what it's all about. It becomes just too much and too difficult and the patient, the psychotherapist, the officers, people who are looking after them get into a kind of, um, quite florid excitement about doing something, doing by moving on or moving away from these incredibly difficult feelings. My despair, I think, was compounded by her talk, very quickly moved away from ideas about awfulness to some very twisted, quite sickening, perverse material. Um, in the lead up to that, tr, um, trying, her, her own, I'm sorry I'm jumping around a bit but I wanted it to be sort of free association, not sort of over think or structure my responses. Early on in the therapy, um, the first, her first words to me where 'how did it get it this' and I thought that that was quite an extraordinary opening for such a young woman who'd done something so unbelievably terrible. And err, I said to her, 'I think that's what we're here to try and understand, what's your sense of how it got to this' and, completely unforgettable with her opening words to the therapy. But then, she then got into, um, kind of the denial of reality and her responsibility, she had first become pregnant when she was 13 or 14 I think. And she had a boy, and it was, she was, you know, clearly under the watchful eye of social services who took her in to a mother and baby unit to try and help her care for this child and she was completely clueless and she was in there and she seemed to be doing OK and they were allowed out and you know, to live in the world in, a, ss, a parent and child in a supported way and she got pregnant again, had another son and I had an idea that she, she did better with boys. I don't think there was by any stretch of the

imagination she was a good or even a competent mother, but she seemed to have some capacity to cope with boys and she was very young and then she became pregnant again and yeah she had, had a termination and she gave a name to the termination, um, which she imagined was a girl, there was no way the foetus had a sex at that stage but she fantasised it was a girl and she gave, the, err, girl a name that was an anagram of her name. Um, about a year after that she fell pregnant again and this became the child that died. Again the same name, an anagram of her name. um and one of the ideas we had about her that she identifies with this child very much as a part of herself and maybe she came to feel quite persecuted by, hence the kind of slow, burning, sadism. This child died with 96 injuries on, starvation, 96 injuries on her body, scalds, scratches, cigarette burns, there was evidence that she had been sexually abused, breakages and she was, you know, just left to die basically and the irony was at Christmas was that, you know, the, the kitchen cupboards, the fridge full of food and the child starved and died on the kitchen table. The police had been called on Christmas eve and the policeman noted um, his notes came up after the formal enquiry, he had seen the child and she was flourishing, I mean how can that possibly be. There was a photograph that appeared a lot in the papers which was of this little doll wearing a tiara and looking awfully pretty, so there was something about seeing and just not seeing and not seeing as tends to be in these situations, how is it possible if people see but ignore, um, shortly before that, there had been, um, the, um, the Victoria Climbié and Mrs Kouao was in Holloway, Mrs Kouao the aunty of Victoria Climbié was in Holloway and I had been part of the assessment of her and this was the next big high profile case. And, err, of course every time a child dies you get to this public naming, shaming and blaming of the professionals who got it wrong. There's always a huge enquiry, huge amounts of money spent on it and of course nothing changes, 'cos no-one really gets to the reason why these events happen. My idea is that it is entirely human, it is inhuman, it is entirely human, but inhuman not to love children or die, they've always died across time. Maybe we save more children now because we are much more aware, but it simply isn't good enough that any child should die, but it's not good enough, the way we deal with it anyway. So as a clinician I was completely overwhelmed by, every time I switched on the TV or the radio, or picked up the paper there was the usual stuff about the awfulness and that's an incredible burden for a clinician trying to work with the, an offender, a perpetrator. To be saturated in those kind of stories and projections. It's bad enough trying to work with someone who's done something like that without all the rest of it going on. And my patient's response was 'well I never bonded with her'. And was this kind of chuntering, this thing she would say over and over again, 'I never bonded with her.' And I used to feel just, you know my heart would sink into my boots and I'd just, we're so stuck, we're not going anywhere, we're not getting anywhere, I don't know what to do, I don't know how to move beyond that. So the story was we never bonded, um, her father was in charge of her, so the father of the child, the guy who lived with her, the father of the other children, her co-defendant she completely blamed. And as tends to happen at these times, when one partner blames the other, you know, tried to make themselves, um, a victim alongside, and, you know, they very much kind of turned against each other, you know with their accusation, counter-accusations, he was in a London prison while he was in Holloway and then increasingly across time there was a kind of unpicking of some of that, but my sense afterwards was there was just so much stuff that she was thinking and feeling and she was not telling me, I think, be, you know, genuine fear if she admitted anything to me. Her life as a prisoner was going to be so much more difficult because the position of the therapist is awkward, you know we're on the side of the patient always and we're absolutely clear about that, I'm very clear about my ethical position and yet we work

within the system and we have a responsibility to the system so it makes, you know, patients understand that and it's entirely reasonable they wouldn't necessarily tell us things and, so the breakthrough really was when the schedule papers arrived and what happened after that as I said was so bleakly perverse, there was this move for her to be moved, err, shifted to another prison which she was excited about and the officers said 'oh it's such a fantastic place, you'll have such a good time', you know, which of course is a, you know, be at screen. But one of the stories she was telling me after that was the child fell really, really, very sick and I think it was one of the sickest stories I ever heard in a career in forensics. She claimed, although I couldn't verify this, she was making a coat for the baby that died out of scraps of material of clothing that had been the babies, into which she was incorporating err nail clippings of the child and hair, and kind of weaving together bits of this baby that she had never cared for, that she had in effect abused and neglected, although she denied that she perpetrated the scalds and burns and scratches and cuts and breakages. And I found it just too awful to think about or to talk about and across time I was having supervision onsite, really excellent supervision, with a supervisor who had worked for over twenty years in Holloway and what she didn't know wasn't worth knowing and his specialist area of interest was working with, women who harm their children and err, I couldn't talk. I felt so bad, absolutely hopeless and sick and dirty and anguished all of the time. I mean that's my kind of sense of despair, you know there's no place to do, nothing to do. And um, people in my supervision group would want to talk about this patient, and whenever they came near it, I felt so anguished I couldn't take up the help that was possible and available and I think that was the big failure really. And my supervisor said to me many years down the line, you know I think we really let you down. We weren't able to help you with this patient and I said well you know I wasn't able to understand what help was like in the situation like this. You know what would that look like, what would that sound like. How could I reach out to it, not just how could you give it. I was afraid that my colleagues were interested because it was interesting, it was exciting, it was disgusted and you know, these cases are very, very rare and as clinicians, there is a part of us that is very greedy and there's a kind of glory attached to being able to say I've done this kind of work or I've been involved. And I was very wary of other people so I think the despair was met with the kind of perversion, um, perverse in my patient's attitude, making this coat, perversion in the institution that got excited about moving her away, because it was too terrible to think about. She's, do you know, people like her and Myra Hindley and Rose West and Mrs Kuaos, working with them is too stressful and too difficult and they are moved around because it is just too hard to have them. So, you know, um in a purely kind of logical, organisational level, you have to do that, except we think psychologically so we sense there's something else that's going on. And you know, my sense of everything that surrounded it instead of really thinking about how awful it is and how incredibly deskilled we are with coping with thinking about your topic, despair. We just didn't do it really, we just kind of left it. So maybe it was just, t, trauma, it was a really kind of concrete thing that sat, in my mind and in my memories of my clinical practice and you it's the kind of thing where you wake up years later, you'd wake up in the middle of the night, with a cold sweat thinking about it, did I do everything I could? No I didn't, because you're never going to be in this situation. Um, as kind of an antidote to hopelessness and despair, um...I'd always, for a long time I'd had an interest in working with mothers and babies, um, and I had done a masters in the child and family department at the Tavistock and done the usually baby obs and stuff like that. And, it had been very much my idea that I didn't want to just sit back and watch, I wanted to be someone who would intervene and do something and achieve something useful, so it's always been part of my kind of area of um, interest really. Some

years down the line, a project came up working for a project of the BBC it was err, joint project with BBC education about teen pregnancy and trying to warn teenagers of...many, many teenagers want to have a baby and the huge difference between wanting a baby and having a child, this project came along, I had the skills to do it and I, um, I, I was, err lead clinician, I sat on the steering group at the BBC, the idea was to give teenagers the experience of being with children in a kind of structured and observed way. And I always, and I did that for a couple of years, the project went on for a couple of years and err, BBC education were involved and it would go into schools and secondary schools, there were lots of kind of youth teen pregnancy groups involved as well as the media etc etc. Um and my understanding of that was in, I finally, many years down the line had an opportunity to make good, to repair, to actually do something as a kind of, I've always felt that, you know, the only way out of this stuff is through public education, through, you know, letting people know how, sort of pre-emption really rather than trying to deal with it when it's actually happened. And, for me, that project was so important because I was no longer waking up with a cold sweat in the middle of the night, because of that experience of unbelievable awfulness. I mean the impact of that, the despair I think was so great, you know, and never, never a Christmas went by without, I didn't think of that baby and my teenage patient, um, and I became quite dark, you know, how completely ridiculous, you know the whole world is hyped up, isn't this exciting with all the pretty colours and twinkly fairy lights and don't you realise what's actually going on. But that project enabled me to complete something, you know, I felt that finally I've been able to do something concrete that was useful, that lifted me out of that really awful, um, position, so I suppose my sense of it is, when you get into those states and despair, um, what I have understood is people try and become very active, to lift themselves out of it, and actually been, being able to do something is immensely powerful because you can't sit in a state of absolute hopelessness for too long, you know it's absolutely, um, crucifying. Having said that you do have to try and visit it with your patients, but it's pretty damn near impossible for any particular length of time, um, so that's my sort of, my experience as a clinician, as I, do you want to talk about also as a supervisor and as a consultant, if that's at all helpful? In a way it's a lot, lot easier when you're only supervising, when your supervising rather than doing the frontline work, you can think at a kind of state of, state of remove, in a way, you, you're not able to do when you are a clinician. Um, and I think, because of my experience I'm very conscious of supporting psychotherapists when they are going through these kind of things. So, my experience has been of three prisons and that's, um, Wormwood Scrubs, err Pentonville and Holloway, um and doing supervision with those three. Um, clinical settings across quite a long period of time, with different, um, supervisees and one of the, I suppose one of my personal bug bears is...when I did my training, I mean I had a very, very thorough training which was really, gave me a structure for thinking about how you do forensic work and most of the people I have supervised have not had that. At Regent's here we have quite a few students who work in Holloway, or Pentonville, or Wandsworth, or wherever, Wormwood Scrubs and other London prisons, but it's only very rare and occasional that there are clinical teachers that have had the training as well as the experience. So very few people have had the experience of actually working in prison, very few, who then go on to teach, um and do supervision. Pamela Stewart being one of the very, very few. But Pamela didn't train you know, so although she since trained as a supervisor and training, there's still that lack there. So there's actually very, very little available, very little. Um, that actually offers people a structure of thinking, so I was very lucky to have been trained at the Portman in this and they were, they are very austere and they are very good at giving you the skills for going into the room and staying in the

room which is being completely unsentimental, being absolutely fierce in defence and understanding of the transference and countertransference, you know, that's what you work with, quite completely and giving you the skills for thinking about these things. But my experience is the only way that therapists can get themselves in the room and stay in the room is by feeling sorry for the patient, that's seeing the patient as a victim, and of course that's completely true, our patients in prisons are absolutely victims and they are also perpetrators and in order to do the work properly, you have to hold those two ideas in mind, at all times. You are there, and they're there because they are perpetrators, one of the ways in which we might understand the offence is by linking the offence to the developmental history and there we see the victimology but we never lose sight of the perpetrator and the offence. So the challenge is with patients, is to help them think about the patients as victims and as perpetrators, which is also getting in touch with the reality of what they had done, that's the only way it's going to work. We are only doing the work so that our patients can get to know themselves better, and that's the place it goes across, by getting to know themselves its accepting they are the architect of their difficulties, they are responsible for the offences they have committed and they have to give up the sense of themselves as victims, they have to give us the pursuit of crisis and tragedy and the pursuit of their own victimology, in order, you know, to be sort of well-adjusted citizens, that's my framework and yet within that, from, you time to time, you know, we have to seek into how awful it is. That it, it did come to this, it did come to this point and it was, it's always preventable, you know, it didn't inevitably have to, have to turn out like this. And again there is always a point at which the patient become incredibly vulnerable, you know, they kind of live life edge of living and dying, um, and you know suicide and self-harm always come into the picture, because that's a kind of, you know, I think whether you are an offender or not an offender, when each of us really get in touch with who we are, that may be great but mostly it isn't, you know. And if we're gonna change anything we need to look at the very negative, the very dark stuff, so despair is part of being alive and its certainly part of psychotherapy, and we have to find ways of being with it and being it and, trying to get a bit of a handle on it really.

Pause

I suppose I'm curious about, you probably can't tell me any of the things like, and of the questions I'd like to...can I ask you questions about how come you wanted to research this.

Researcher: Err, partly it was my experience working in the VPU at Wandsworth and um, despair seems to be everywhere and emerged as something really important in the work. And I'm really interested in how we respond, and especially within my supervision group, people were doing things that wouldn't stay with it, wasn't staying with the despair, it was, it was becoming hope, or it was becoming something else, or it was becoming pottery classes but it wasn't staying, it, it could never be. And it's about how do we allow that and how can we sit with the despair really, that, that was my first interest in it.

K3: Yes. Because it is too, it is too unbearably difficult. At least you know that when people are getting very active and we can do this and we can do that, and have you said this, have you tried this. It's because they can't, they can't think about it anymore you know, and of course we have to have our defences, they are entirely necessary, it's what holds us together so you have to include that and, and factor that in. But it is, it's in the

fabric it's in the bricks and mortar of the organisation, you know, that is the way that it is. And interestingly, um, and I don't, you probably know Paola Franchozzi from Holloway, you know Paola. Has she done one of these?

Researcher: No

K3: You should ask her. Sorry, I'll just turn that off. Um.

Pause

When Paola went, first went to Holloway which was about 25 years ago she ran, a, a group staff support group for prison officers because her sense of how can we find a way into this, um, was to s, sorry the bloody thing keeps going off, was to, um, try and work with staff to enable them to stay with it, because the stress in the staff is unbelievable, absolutely unbelievable and there's such a high incidence of drug taking, alcoholism, promiscuity and depression in all of the staff that, that surround the prisoners. Psychotherapists I think are a bit luckier we, you know we are training to think about what is going on in our own minds, but a lot of us do self-medicate but you know the prison officers, the unit governors, the nurses, the doctors, you know, fairly typically psychiatrists have a higher rate of alcoholism and suicide. So the idea was to try and help staff to sit with and think about these very, very difficult feelings. But they would always gate, get into states of agitation, you know, to try and undo all of the stuff that, that was going on. And what you also get is a lot of sabotage, you know you get a lot of sabotage and when people who are looking after the patients, if they see that they are doing well or they are able to negotiate their way through processes that staff can't, they become very envious, very jealous. You know. So despair something you have to deal with systemically, it's not just in the room, in the clinical room or in the supervision group, you have to think about it in the whole organisation and the kind of, the attacks on thinking that might take place. So people try and rip up, any kind of an attempt to really focus on, on what's going well. So if something's going well, you can bet that some pri, some process in the prison will break into it and try and, and try and stop that from happening really. Were you with, with forensic therapies with Pamela, so you very much know the story of how, um, forensic therapies kind of imploded, forensic therapies imploded because of the int, internal tensions and contradictions which are essential to forensic work and they weren't managed and part of that is to, well you know if people are misusing funds, what are they defending and protecting themselves against, well the sheer bloody awfulness of doing the work, you know, and not being able to stay with and think about that so you think well I'll just siphon off a few quid to pay for my gym membership or you know, go travel first class or something like that, um, it's just, it is what it is, it's always there.

Pause

I'm trying to think is there anything else I can say. Is this helpful. Is there anything I can say, what a ridiculous thing to say about a piece of research, is there anything I can say which might be more helpful for you.

Pause

Researcher: The only, the only thing that stuck in my mind is how when despair is in the room, how do you respond to it.

K3: I think part of the diff, or, I don't, my, my approach to supervision is I don't draw strong boundaries between therapy and supervision. There is a boundary between therapy and supervision but because of my training I like to think that, err, supervisees will tell me everything that I may need to know in order to help me to understand where they are at the moment. And how that might be impacting on the work. So for example, when I'm doing training supervision here for instance and recently one of my trainees said, um, in the group supervision, she said I need to let you know that I'm having some difficulties in my personal life at the moment, err to do with family as is and future family and I'm really worried about the stress and how that may be entering my clinical work and I want us to really think about that while we are looking at the verbatims and very bright, very skilled psychotherapist so that is very much my position, its personal therapy issues and this is, supervision is not personal therapy but she's telling me the stuff so when we're looking at the verbatims and the clients bringing some very, very difficult material, and my supervisee said I feel, I felt really tired and really dragged down, touching on despair, was that because of the stresses in her own life was she finding it difficult to be there or was it maybe the client wasn't able to be there or maybe we didn't need to be there at any given time, so it may be that despair is not something we should always be just naming and sitting with at that time, you know naming process doesn't mean to say um, um, well naming a process may be just enough. If you're in a supervision group and your sitting with despair, well, what are you actually doing? You can be aware you shouldn't be coming overactive, um, in order to over think it but it may be appropriate to say well maybe this is something you need to sort out in your personal therapy. So I think there isn't, from my point of view a protocol for actually dealing with it. We can all have, um, kind of gut feelings of hunches that it's not being dealt with, that it's too difficult, yeah, without kind of trying very hard not to do it or getting sucked down into it. I mean there are ways of thinking and conceptualizing what's happening, and you know people can say something like 'God this is just awful. I just feel, I fee, I can't do this, this feels too terrible for me to think about.' You know, that is facing despair and the clinician who's in the room and struggling with those kind s of feelings in the room, I think can feel tremendously helped by other people in the group saying 'God this is awful, I can't bare it. How did you stay in the room. How on earth did you, st, survive it you know and with hindsight, I think it would have been actually really, really helpful to me if someone had just said something that's so unbelievably simple which is 'God, this is just so grim.' You know, some things, um we don't need to have words for, you know, poets can describe it, maybe as clinicians we don't necessarily need to have words for this kind of stuff to be able to, you know, actually be in it and do it. I think it is quite a, it's quite a hard thing. It's quite a hard thing to get a handle on. I think and feel, feeling completely bleak and hopeless we have to protect ourselves against that in some sort of a way to get on and do the work, I don't know what I think. And thinking, you know, with that teenage patient of mine and, I hope I mentioned that I became very ill and I came out in boils, I was covered in these red spots that you know, no trip to the doctor could kind of get rid of which I understood as you know, this patient made me sick, she made me sick, I was so sick of her, I couldn't bare it, but it was held in my body because it was, an understanding at such a primitive level, you know, that's about an experiencing before words, when, you know, experience for, you know words are not available which is why, why it was somatised. I mean I think that's my sense of how it comes out. It's also I think comes out in forgetting, forgetting very important parts of the session, you know, when a supervisee

comes with, you know a verbatim that's actually only about ten minutes long and I'm saying, 'Where were you, I'm sorry but where were you in a 50 minute session.' 'Oh I forget.' And I kind of know its stuff that's absolutely unbearable, you know, um and that's why it's such a brief session, um, or, err, actually the supervisee, the supervisee may have done something actually quite brilliant that's move the patient forward, moved both of them forward in their thinking...and then there's a twenty minute gap and that's precisely because there has to be an attack because that kind of connection to awfulness is, is, you know, you go out of your mind, you literally go out of your mind, both the clinician and the patient so I think forgetting, forgetting, somatization, um. I was at a conference a couple of years ago and err, very, very senior colleague, very elderly psychotherapist and forensic psychiatrist who worked at Broadmoor, and we were talking about this, you know how do you cope with those dark moments for which we don't have words or names and, this is what your thesis is about, trying to find words and names for these things, and she was working at Broadmoor and um, she was working with a patient who killed her baby and she worked with this patient for a very, very long time and she was very used to working with this patient, she saw her quite late in the day, um and finished and you know, kind of came out and didn't see any colleagues. Got home, um, sat down to supper with her husband, watched a bit of TV, had a bath, got into bed and then she was in bed and the tears, silent tears just poured out of her, for an hour, she said, she just, wasn't sobbing cause that's quite active. She just leaked, leaked tears for an hour and she realised that you know, she had gone through all of these things in a state of complete kind of, actually cutoffness, you know she was doing, you know she was eating, she was watching TV, she was talking with her husband, she was having a bath but in a completely cut off way and then the moment came, many hours after the session, when she just sort of let it flood through her. So, I don't necessarily feel bad about it, I don't feel bad about defending against despair because you know, I think better minds than mine have gone through it, recognised that they have had to protect themselves against it, you know, and it's not good, you know to be in a position of, to be in a place of being completely raw, completely raw and kind of uncovered, um, there is something, you know, hopeful or healthy, about, about protection that we have ourselves so I suppose eventually we have to try and get to it. And you know, maybe we do a little bit more each time. Maybe just a little bit more. But I think my general experience is, you know, it's, it's, you know, its holding it in the body, outing it out of the mind, i, it, err, very kind of non-verbal I think. I think I only worry when we get into, as clinicians and staff we get into self-medicating too much, drinking too much, eating too much. When I worked at Holloway I was a lot, lot, lot, lot, lot, lot younger in those days and a lot, lot, lot slimmer but um, just down from Holloway prison is Holloway Road and there's a Marks and Spencer and I used to go there in the morning before I went in and by my picnic and I'd look forward to my food and I could just sit and eat and, it was often quite sweet or salty things like lots of crisps and snacks and, um, prawn mayonnaise sandwiches was my particular thing, soft, maybe like baby food and I remember my supervisor said to me, 'Karen, you have put on an awful lot of weight', I put on a huge amount of weight, because it was just comforting, comfort eating and you need lot of comfort and consolation in a, in a place like that. When I was, um, working in Pentonville, did you know the breakout café opposite Pentonville? Well all my supervisees I found out, and I would see them very quickly across time put on an awful lot of weight. Especially the woman, you know, women who...women who seemed to have quite good self-esteem and take their personal appearance quite seriously and like to present well, I could see the kind of muffin tops, kind of splurging over the top of the trousers. And they would all meet up in the morning which is fantastic and go to the Breakout café and they would

have these huge fry ups and I was thinking of my god, you know, they're covering themselves, they're protecting themselves from what might get and will get inside you in the day 'cos it's just so awful, you know, so you know in way that quite healthy I think, giving yourself something that's going to care for yourself a bit, but it's not the best way if dealing with it, there are better ways. But, um, I think the, the level of the depth of feeling, i, is unique in my experience, in, in forensics, you don't get that in any kind of work. I mean the only other kind of thing that I think begins to approach that is refugees, but they are, you can kind of entirely victims, they have no, um, err perpetrator aspects, there's not there, there's not...I mean the sadness and the hopelessness is just slightly, slightly different 'cos you have to temper the despair, despair with a high degree of suspicion and in some senses, you know, that's kind of an extra factor in prisons. I'm not sure is there anything else I can say, what would be helpful, what could be helpful to you.

Pause

Trying to think about my, kind of, own feelings state during the conversations, would that be helpful. I have been feeling very cut off, feeling that I really want to give you what's going to be most helpful for you, for your research which is crazy really, because what's helpful to your research, is me not trying to be helpful but just...offering you raw data in an unprocessed way. But I think I am feeling very defended, very defended, um, trying to talk about feelings without going into them. Err...it's quite a while since I did any front line forensic work so in reality, my, erf, frontline clinical experience is quite historical. I'm not doing a lot of, very little forensic supervision. But I did do a session which is very unusual in my career, I did a session with someone whose work I'm helping her to stick with last week, she came in and said, 'Oh I remember what you said to me the last time we met Karen, don't feel sorry for them.' Which was meant to be helpful and it's also true, but it is also way of stopping yourself feeling a bit, you know, it's part of the kind of the armory, because I just think, you know it's my personal bug bare, I think it's such a trap, it is such a trap if you ever get into that feeling and you could be putting yourself and a lot of other people, in a, in very serious danger if you start feeling sentimental and sorr, and sorry, you know, one of the big things with forensics and maybe it's quite important for your research is that we need to be tuned in, in a very immediate way because there, our patients are a potential for dangerousness, so it's not just them hurting themselves, it's the risk of them hurting an awful lot of other people, you know, the chances are when they, you know, reach these very dark places, they will lash out. So for the sake of, you know, not just the clinical work, you know, bigger than the clinical work, the safety of the institutions, staff within that and society and saving patient because of course we don't want them to get into trouble, for their own sake and we have to find ways of really tuning into, um, the bleakness. I have a, another anecdote about a patient who I've talked about a lot actually a patient I worked with I Holloway, now about eleven years ago. She contacted me a couple of Christmases ago um and she left a telephone message on my telephone answering machine, um, which said, 'Are you the Karen Rowe, who worked in Holloway 9, 10 years ago, um, if so, I, I would really like to be in touch with you 'cos I'd like to let you know where I am in my life now um and I want to thank you for the part you have played in my journey, as soon as she mentioned her name I remembered her fortunately, maybe I'm a bit of a sad person I've never forgotten a single patient in over 20 years of practice, it's extraordinary. And, she was, um, a patient I'll call Ellen, I'll refer to her as Ellen. She had been in and out of Holloway since her teens, she was at that stage 40, um, she was a crack whore, her mother had been a, alcoholic and prostitute so her father was unknown, possibly a punter.

Um, she was a lesbian but she sold sex really, um, in order to get money to support her habit and she was a dealer, um, she had three children all fathers unknown part of coming out of her work, so she had a stable partner and she was a dealer, um, but her habit was so great she said she spent 23 out of 24 locked in the bathroom and the other hours out their scoring, you know, doing what she had to do, um so she was in with, for possession with intent to supply and you know, she'd been, she was a, she was known as Mama Holloway because, you know, she was a big character, she was a tough lady um, and one of those people that, that the institution kind of tunes into because women like her help the authorities run the place really, they keep things at a kind of a, a level because they're dealing drugs and it suits the prison to have the prisoners off their faces really, so she came into therapy and err, I think her prognosis was very poor, as you can imagine, her physical health was terrible, really deteriorated, you know she had hepatitis, she had all the kind of, you know gyny, female cancers, you know, I mean this woman had been terrible ill, and I had reached the kind of stage where I was pretty cynical and I thought, this is going nowhere but quite early on she said to me 'Look I really need this therapy because, I'm not going to survive another stint in prison. I just can't do it anymore, I'm too old and I'm too ill and this is my last chance. And while she was in Holloway, we worked together for a year and while she was in, she became part of kind of buddying or mentor service for other people, bringing young people up. Prior to that, one of her daughters turned up in jail and because all the officers knew her and she was immensely popular, they took it upon themselves to go and seek her out and let her know in advance and I remember she said to me, 'Oh this is just bloody typical, you know, is nowhere safe or sacred.' She resented her kid turning up in, in her place, but you know she did some pretty good work, she had an idea that when she got on the out she would want to do a counseling course so she obviously made a very good, a very positive identification with me. So when she got in touch with me, we had err, I phoned her I thought fantastic, you know this is fantastic to hear from her and I phone with some trepidation because we were outside of our, the roles in which we'd known, known each other. And um, she said to me, oh, she was very anxious on the phone, very scared and she said, 'Oh you've no idea how many times I've wanted to contact you. I said well you know it's amazing it's such a, such a wonderful thing and, but I said to her, you know, what was it is our work, what was the difference that made, made a difference, um, anthropologist Gregory Bateson talks about the difference that makes a difference, I said 'OK, what was it', and she said, 'Well we were in session one day and she said oh, I was a very scary person in those days and I said', and I said, 'Well in Holloway there's a lot of competition for being the scariest person' and she said, 'I was jumping up and down and I was punching the walls as you can imagine you know, a lifetime spent on crack, you know, using drugs to take yourself out of where you feel, not being on drugs, very, very agitated constantly moving, kind of gathering it together through movement. I was jumping up and down, p, punching walls' and she said, 'You said to me, well if it's that bad, why do you stay?' And she said, 'And for the first time in my life I realised I had a choice.' And she said, 'And I decided to use that choice and use it well and so when she completed that sentence and went out, um she did a counselling course and she works as a counselor with young people, she's paid, she gets paid work for the first time in her life she has a paid job and she does, err, work working with young people who have been sexually abused, you know, trying to enlighten them about um, you know don't be like me, don't take my pathway, you know, there are other things you can do with your life, and I was so touched and so moved by this woman and exte, I mean how is it possible this woman with all of her disadvantages was able to achieve so much and the way I think of it was that, you know, I had been in a story, in an institutional narrative which is kind of

saturated with hopelessness and despair, you know, this woman was a crack whore, her mother was a crack whore, her daughters are crack whores, you know, that's the way she is, very fixed narrative that arises out experience and despondency and somehow this woman found something that was good, that she could take with her from the experience to go out into the world, and, and make something of her life, which was kind of an antidote to despair I mean she didn't allow herself to get sucked back in and I use this quite a lot in sort of teaching and conference presentations because I think it's incredibly important 'cos I think that if as clinicians we get caught, you know, in these very dark narratives, we close off pathways of development for our patients, so we have to be immensely, immensely careful about that, you know, I'm sort of telling you this because it might be a sort of, I think it, you know, it's part of what your research seems to be thinking about or wanting to try to understand, you know what happens you know when we, when we get stuck in these very negative narratives, you know, we, we make it impossible for us and for our patients to move on and move out of that so we do have to find ways of checking or thinking about some of these very difficult states on mind in order to be you know, functioning, you know functioning psychotherapists really.

Pause

I hope I've been able to give you stuff that's a bit helpful. Is that ok, I've sort of dried up really I can't think of anything more now. (54.20).

D. Dingane

Researcher: So how do experience working with a client in despair in a UK prison setting.

D4: I was wondering actually to what extent, um, maybe the people I worked with experienced something like a silent despair because in my instances, it, it wasn't overt, it was, the situation they were in was dire I think in some instances it was, was really bad and of course um, it, it was two examples when I had to put someone on um an ACCT, for suicide watch, um, and, I wonder also whether its, because there was a male, male interaction, that despair wasn't um, expressed in, in ways that you may imagine it would be. Um, I mean certainly there was the one guy who expressed more I think in terms of frustration, um and what happened was, in this respect, he had been waiting to speak to someone for a very long time and, um, eventually I got to him but in some kind of oddity of fates, um the same week I got to him was also the news we heard that our counseling service at the prison was coming to an end. So I gave him notice of about three weeks but I could meet with him three or four times and um, he, he just seemed frustrated, he seemed angry, I mean, he didn't, he used the term productively but there was a sense for him or almost a, a kind of futility um, and yeah desperation that he wasn't able to say more. Um, your question is how I experienced, or how I dealt with it, just remind me.

Researcher: Both really. So how you experienced it and potentially how you dealt or responded.

D4: Uh, i, i, in that situation. I'm trying to think about what metaphor would come to mind, i, it was almost like it was a brick wall, which is maybe an unfortunate metaphor in terms of the prison, but I could feel that he was in, in a sense despairing, but it was almost as if I, um, was absolutely insistent to myself not to be drawn into the despair because there was nothing I was going to be able to do to really help him and all I could do was focus on trying to do the job as well as I could in the three sessions that we had. Um. So that was the one example, then, then there were two examples of, b, oth, other kinds of despair, one I would say was, um, where there was a guy who I was dealing with who was on remand, and the following day he was going to finally find out what was going to happen. Err, in other words, what his sentence was going to be and, um, yeah, that, I if the first could maybe be experienced as kind of, despair with reserve, despair with some kind of quiet despair, this one was, almost you could say kind of unknowing despair, because, I never experienced e, some kind of therapy with someone which was so, er obsessively focus on a, on a kind of problem or question. And for him, it was, er, I don't think I will ever forget this guy actually and the work we did together. The work was very much focused on showing me, or trying to express to me why he was innocent. And it got to such a, I think my own inexperience was also reflected in what happened there, because, going into this kind of situation where each session was kind of recounting why he didn't do the event, the, the crime that was alleged and you know, you got all these details again and again and yeah if you were watching this from a distance, you, you would say that, that's probably all good reason, evidence from why perhaps someone did do it because they keep on not telling you why they didn't in all the details an um, I remember being with him and err, this was also funnily enough when one of, when the, the previous counseling group that I was involved with in the prison was coming to an end, so maybe that tells us something but anyways, and I knew I wasn't

going to be coming back, um, and I also knew that he was looking very, very down...demeanor, physicality, his approach to the sessions, what he was saying and, in the middle of the session there seemed to be almost a kind of, err, excessive insistence that things were gonna go right when he heard, and thinking back on it, a, a the logic for me was there were at least three or four things that seemed to suggest that, I don't think he's gonna do well when he hears that he is gonna get a long sentence and through all what I had heard and seen of him over the three of four months that we worked together, it, it seemed to me that it, it wasn't looking good. And I think there was another factor as well that happened that day and certainly in terms of supervision with shared supervision, group supervision with colleagues at the prison, one of the flashpoints for despair was not necessarily so much what happened at prison itself certainly the remand thing, but when some kind of personal relationship was ended with guys in the prison and um, so not only was he, he, he looked physically depressed and depleted and lackluster and energy-less and drained, um, but he seemed totally unprepared for the news he may very possibly hear. Um, and the only kind of preparation he had for that was this what seemed to me to be an absolutely unrealistic, all my eggs in one basket hope that things were going to be fine. And the other element was that he'd heard something about the fact that he wasn't going to be able to access his children anymore, or, this, the slim hope that he had of being able to, to get hold of his children seemed to be going nowhere and um. I, I handled things maybe not so well but lacking in confidence, and um it was difficult to put someone on an ACCT 'cos it's not something I like doing and, um, another prisoner that I've worked with had commented to me before to say that, is it, it, it can be a violent thing to do to someone, it can be quite an aggressive thing to put someone on an ACCT to be watched the whole time. This guy had experienced that before so, in some ways I was quite jittery about doing it, but err, I did do it and if I had to try and find some metaphor, some kind of description for despair, I think this guy was experiencing maybe without even really knowing it, was e, was kind of almost a dumbfounded, deer in the headlights, emaciated, I haven't yet realised the degree to which I am in despair, and I, I'm trying to, or I was, or he was err in some senses, kind of meh, err, I wasn't going to say manically, but he wasn't manic of course, but, he, he was kind of blind to it, and it felt to me he was going to be blind sighted. I, it's almost as if all his defences, all his energy what little of it there was had been absolutely focused on this single pretext, a, of his innocence and a, that everything was, b that everything was going to go right the next day. So that would be the second kind of despair, err, and I, I would just say that it was kind of a closed in on oneself, it's almost like a, a kind of obsessional despair as of yet not yet realised to the person itself. Um, and I, I just got this kind of catastrophic sense of, the house of cards would come falling down for this guy. Um, so I felt, I felt really guilty about putting him on an ACCT, whi, which, which is a strange thing to say because i, in retrospect it seemed to me the right decision and it seemed that he was, he needed it, um, and thinking about it now just in response to your question, the despair, I, I would be interested to know what it has been like for other colleagues, for other people and particularly for woman working in the prison because in my experience, I, I, didn't remember anyone sobbing, and err, you know, having, um, ah there was something actually that, again maybe you wouldn't want to call it despair but I had a guy who I worked with for almost 18 months and he was the first guy in the prison who I'd worked with for that length of time and he was absolutely terrified of being moved and he didn't want to be, didn't wanna move prisons. He was quite an obsessional guy in his own right, he had a whole of routines, organising things in a certain way and he was, of all the people I've seen I think he was the most highly wired. He was anxious about everything. If you knocked on the walls it would be a problem, if someone spoke too loudly it would be a problem and

he had this kind of explosive temperament where if something shocked him or frightened him he'd kind of lash out. And he was a big guy, uum. And being with him in a room you were always aware of his physicality and err, his presence kind of left a mark on your senses as it were. And um, so for the last four or five times I saw him, the theme that he kept on coming up with was, and, and this I think was maybe closer to despair than some of the other guys because it was also involved an appeal to me which I don't know how one theorizes despair but this may be the third kind of the bits that I'm dealing with. It, it seemed to be very strongly present in their appeal to me, they're going to do this to me, I'm scared, I mean he wouldn't say that in those words but that's, that's the nature of the interaction and um, I frankly didn't want him to, to leave the prison, I didn't think it was going to be good for him. And from, for far more selfish reason I had been working with him actually for, not quite eighteen months, seventeen months and I needed to work with him for eighteen months, you know, for my training, so, not a very admirable thing to admit, but I, I did want him to stay, and um I discussed it in supervision and I made the case and you know, it was a bit of two and fro because people said 'well you know, don't get involved, you can't do this.' I even went and asked the key guy at the organisation who didn't come to this supervision, you know, the big boss and he said you can if you want to, you can write a letter, so I did eventually write a letter saying err, i, in my opinion it would be good for this guy to, to stay. And reflecting on it now, yeah I did have my selfish reasons for wanting to keep him there, but I, I wonder whether that was an instance of where some of the despair rubbed off on me a little bit. Whereas it hadn't, certainly in case number one that I spoke about. No case number two that I spoke about. Um so that was funny because I think it did sort of galvanize me into doing something, even if it was just preparing for myself that I go to prison and he would be gone um, and one of the ways that it came into the work a little bit was, were, was just really to try and ask him what are you gonna do when one day you wake up and you get told to move. And um he had, a, a couple of scenarios like that, again this kind irrational it's not gonna happen thing happened because the one day he, he was told to move they made him pack his bags, he got all freaked out, wanted to hit an officer um, and...and then at the last minute, I forget what the detail was. They got him to pack his bags and then he, he either said I'm not ready to travel or he, he was there was something he could say or something he, he complain about that they weren't able to move him and so he kind of got saved at the last minute and then he thought he might be OK for a while. Err, in the sessions before this and after this, he kept on asking me, could I write a letter for him, would I write a letter for him and eventually I said look, I, I've down once because I do think it's worth you staying here, um but there is only so much I can do and that's all that I can do. Um, so that remained a tacit theme within our interaction um, in some ways it remained a, a key part of how we interacted even if it wasn't necessarily put into words and there was also the sense for him, once he's seemed to resist the inevitable at least once, that, that maybe he could do it again, or that he would indeed do it again. There was err, if I remember correctly at least one session where he seemed to get this, err, err learned helplessness thing, um, where he would slump in the chair and similar a little bit to the guy that I was just discussing with you but also different where there was what seemed to, the onset for him seemed to be, he, it's almost as if he had two settings, one was to be manically anxious about things, and, and ready to whip around and punch someone um, and the other was, and you almost see it in his pallor, in his demeanor, in his err, posture in the chair err, and I mean I had a couple of sessions with him like that within the seventeen months at least one I think was, was, when he seemed to now finally get it that they would move him and he wouldn't be able, where it was like a different person in the room, but like it infected everything about his body and his err, posture ah and he, like,

here my metaphor or my image for, um, desperation would just be a slumped form just like a slumped, there's nothing I can do, and not just, not just helplessness but it was like, it was like a kind of holistic total depression that just caught him, that, err, that he could sort of slip away in his sleep or something, I mean it was like a complete, um, depression. So, in those sessions was sometimes very difficult because there was another guy, I don't think he had a particular issues of desperation but it would sometimes happen in the prison, not only in the prison, but quite often, that time would just start to take a long, long time and it would slow down and I would feel tired and it would affect me, it, it just that my limbs would feel heavy, and i, it felt sometimes torturous just for the, the session to go on, because the guy wouldn't talk, didn't wanna seem to cooperate, didn't seem to even wanna be there and then my first in my head at least reaction was well 'fuck, if you're not gonna ma, why am I here if you're not gonna make any effort at all.' Um so I suppose if you could call it desperation, or despair, my response to and I keep getting those two mixed up I've noticed, desperation and despair, they seem to be different, but, um I'm complicating them, um, one of my responses, e, is that it hits me in the body really um, and as much as that person feels um, emaciated and reduced um, I feel heavy, err, slowed down, wishing to go home 'cos I would, this would, always be, seemed to be on, err, a Monday afternoon, looking forward to getting through the door, seeing my wife being back at home and err, an escape from feeling so tired and myself feeling so slumped and heavy, almost somnambulistic and within that sometimes, there was a, it was a reaction of, like a sharp little pin prick o, of aggression, 'pull yourself together, I don't want you to infect me with you, err comatosed, heaviness. So those three guys, um, the fourth guy was, was different and I, I think the words that I would use here, are, are very different to how I've described it before, and, and maybe a little bit inappropriate umm, and but a different kind of despair as well, he was also someone who I'd um, as it were taken an interest in, um you know, sort of people I suppose have bigger difficulties or for whatever reason, pose more of a challenge for you as a clinician or capture your imagination a little bit more and um, this guy I worked with for also quite a long time...he, had had some involvement in South Africa and I'm obviously South African, um, and he, every now and again he, he would notice when I was there and light up a little bit and there was some kind of see yourself in me kind of thing happening there. Um, you know, I, in a way I was interested, a little bit more than I let on of what his experience was like in South Africa, where he'd been and um, he was born in the UK but he'd spent a lot of time there and wants to go back. And I think the way he was engaging me often was to kind of conduit to that hope and, and also he would come and place me as you're the kind of person who can understand me, you know what's it's like, these other people don't know what it's like. So there was kind of an identification thing happening, um, but weirdly enough, I, I would say there that there was a kind of, it sounds a bit over, overdone, over, you know, attempt to make it overly poetic but that, that that just the, despair and love or despair and some kind of hoping attachment or despair and some kind of affinity, those things were quite closely aligned. So despair here seems very different to the other ones that I've spoken about and I mean if I had to hypothesise, think about imaginatively despair in other situations, um. I, I remember once, years, years, years ago I mean this must have been about 94, 1994, I remember there was a big party at the University I used to attend and it was err, where all the fine art students were and in those days, maybe even a bit earlier, maybe mid 90, 93. The, um, final year of fine art students always looked like wow, they've arrived. They seemed to have a, a different um, even, like, a different sexual existence or something, they seemed to be more mature and more vital somehow. And I remember, I saw at this part one of these high, er, higher level whatever fine art students, crying and crying hers eyes out but

like in absolute forlorn, err, abandoned despair and I can't remember exactly where she was but somehow she was near the party, people didn't seem to be taking much notice and it was almost like it was a ditch, those are the words that kind of I try to, to memorize it and although there wasn't a ditch around there but it was in a kind of recessed area and um, I, I felt such a pull or trying to wanna help her, kind of do something for her, and, and try to console her and to be honest, I, I kind of also separate that out from some kind of slight erotic appeal which is kind of odd, um, I mean, I suppose I become aware of these kind of countertransference issues in other situations outside of the prison, and, and obviously, well I'm heterosexual I suppose, more, more, more easily apparent with women than with me, but there is a kind of problematic I know wit whatever, almost like a rescuer mentality and so, certainly in the case of the one guy at the prison I think it, I only saw just the tip of the iceberg, um, and this now long, long ago memory of a different context which funnily was very linked to me thinking I would like to be a therapist. Um, it was very much part of the parcel of that, there, there was a sense of um, I, I wanna help this person and not like an altruistic I wanna help this person, I'm pulled into it, I wanna be part of it, um, I wanna be part of the person whose helping and yes there's like an erotic underpinning to it somehow. Um, n, n, not just I suppose just in the sense that I want to be seen as the whatever, savior helping, but that there's something sexual about being in that role so anyways, feel like I'm going to stop, not talking about that so much anymore, it feels a bit compromising, but. That was a, that was a clear memory, and erm, in supervision and in countertransference um, I'm, I'm aware of some of that stuff can happen, um, and maybe that also gives some context to my earlier metaphor of someone in despair, e, being like a brick wall, there was not going to be any budging on my part, that I wasn't going to be moved by it, or needed to be, because it's almost as if watch out, if you do get moved, err, it connects to something and it connects to a certain kind of whatever psychological role, anyways back to the guy. Um, the context of his case had been that he, he was pretty psychotic, um and we spent a lot of time talking, and err what, what always amazed me about him was that he could conjure up a story or he could write a novel virtually, i, in the distance of time between one session and the next and all of these things took on the ste, contorted, umm, err, abstruse form of err, like a theatre production where he played out the proof of his innocence, um, kind of paranoid scenario in a book where he was being persecuted by all the women of the world, all these kind of things, and, and I think in maybe in some senses why it was different with him was a because he was a man er, b because he was v, clearly very psychotic so, err, it was harder to be seduced by his despair you could say. Um, but yes there was, there was definitely a form of attachment and another talking about I, I think in some sense part of what makes some of the cases that I've spoken about certainly the big guy, um, who had to move prisons and this guy who had to...who was despairing in a different way, I think part of what, I think that's part of what has made them so memorable to me, you know, cases I'll never forget, um and so I forget exactly what happened right towards the end with him but I also had to put him on an ACCT and, he was the same guy who said to me he doesn't like it when that happens and again my, my logic here was, if there's three or four factor, one isolated thing may not seem enough but if there's three of four and err, I forget what was happening with him, I think i, it sounds a bit similar to what I said with the other guy, guy number two. A family relationship had seemed to have come to an end. I think his relationship with his father had, had gone awry...he had spoken a little bit about suicide, about ending it all, err, about there was no hope and I remember in that last session with him, I, he had also said there's no-one who would hear this, no-one, no-one cares, no-one listens to the story and I'd said I'm listening to your story, which in a way meant help, but also meant no help 'cos he knew it

was he last session, um, and there was something else, just about the futility of things, I think for him despair here does link a bit to desperation because he'd been trying to write letters to get some proof that he did, that he'd...he was trying to overturn a number of, um, of sentencing and his charge what he was charged with and he'd got some evidence, but for him, at least the way he would describe it, for every little step forward he took, there was some debilitating thing that, that knocked him back and um, one incident involved him receiving a letter that was formally, he knew he was on a sexual offenders register and err, he was just very demoralized about that. And I can't remember all of the things but I, I felt that he was...I thought that he was um, a real danger, in real danger of, of trying to do something, and the thing that also sticks in my memory is that, with the second guy I told you about...um, I felt guilty about putting him on an ACCT, and um, I forget for sure whether I told him or not I had done it, um, you know, surely you should there's some kind of general decency, I, I think I probably did but I really had to steer myself to do that. With this guy, I, I did do it, I didn't have to st, well I suppose I did have to steal myself a little bit, but the way he responded to it, was OK, if he responded to it in a way which made me know, seemed to know that it wasn't persecutory to him, rather it was a sign of care, a sign of love, whatever. Um, and I think it, I think that was also quite key to why for me err, despair there was linked to a kind of, of care, um, so I don't know how many, I've lost track of metaphors and cases now, but round about the fourth one, maybe it was the fifth one there was the kind of how it hooks into some kind of erotic sense of care or interest or err, role of narcissistically affirming role of being a helper, um which, and it's wrong to say it's a turn on because it's not a turn, on, it's, it's, it's quite a potent kind of connection that on wants to have or responds well to. Just incidentally I never said a word to that, that older student who's having her bad, bad time. Um, and I think there must be other examples in life when I've seen despair like that, but I don't remember certainly not here and now, of someone in the grips of such, utter desolate kind of expressed wailing kind of despair as she was, um, and yeah, and, and I didn't do anything, err...I, I think both because I felt inept, I felt younger, I felt unequipped to, to, to, to go about it, I didn't know how to do it and also I think maybe because it felt to me, too blatantly obvious that would see that...not that I wanted her but...whatever. Um, so then there, the last I suppose comments on, on despair there would be that funnily enough it, it relates to not just a sense of caring, a sense of being able to save someone and err, a kind of dull edged erotic self-elevation care for the other, err, but also I wanna say some kind of love because it's not just to be reduced to some kind of erotic thing.

Pause

Someone else in despair can have quite a profound impact on someone I think and maybe you don't always know what to do about it, um, but the intensity of what that person is feeling at the time can err not seduce you, maybe seduce you, err, it, it can be a bit of a magnet, it's like a tractor beam it can pull you in and just by virtue of the fact of the intensity that they're feeling, it can give you some kind of intensity of feeling as well. And you don't necessarily feel the same thing 'cos you're not despairing in the way they are but you are feeling something, cannot always, but you can feel something intense and its almost then to say that in that situation, the intensity of someone else's despair can summon or draw out the intensity of your reaction, the intensity either to try and do something, um to take care of, um, to be with or, or feel something. So I think off the top of my head that's about all I can think about.

Pause

Researcher: Something I was interested in was, um, something about the prison and what part of it do you think was really dependent on the prison context or setting.

D4: The prison context funnily enough, um, in some ways I think for, for some of the people there really was part and parcel of why they were despairing because it was kind of stolid, it was err, obdurate, like, didn't move, the walls were solid, the structure was solid, it was unbending, um and it was all those things that sometimes made the little draconian authoritarianism of guards and routine, really problematic and, and so many of the guys would go on and on about how it's sort of, dr, err, drained them, worn them down. Um, and the prison very quickly became part of who was the enemy and the inability to get into some kind of dialogue or conversation with the prison, or its representatives, officers, was, part of what depleted them right. But on the other hand in made, I mean, I, the little, minimal moments of countertransference that I've described to you in, in the prison. The, the, all of those things that I've just said, the solidness, the, um, unbending and unmovable qualities of the prison are what were helped me as a kind of trainee psychotherapist not be too much drawn into it, because you could close a door and go home and the odd thing was I lived very close to the prison, I could walk back in like, I don't know seven or eight minutes so my home was very close to where the prison was at the time but you shut the door and you shut the door, err, so I, I think it helps, funnily enough, I mean I sometimes see people here in my office and um, in different contexts and the more anonymity and the more there's a kind of mediation of the structure, the less chance there is of me being drawn in to someone else's despair in a, whatever you wanna call it, a countertransference in a health way. So yeah, the prison context was something and I dunno if you could say it itself causes despair or if it was a contributor to the fact that despair would somehow be there um, but for me it was a comforter, not a comforter but a, it red, it, it made it easier for me to deal with their despair, err because some things you weren't going to be able to change and it, it remained um, unchanging anonymous structure which can absorb some of, I would always say in the prison, there's only so much I could do, let's put it that way, or I could always rationalize to myself there's only so much I can do 'cos it's a prison. Outside of the prison I think dealing with despair would have been more difficult.

Pause

Um, anything else from what I've said that you want to return to or.

Researcher: Not that comes to mind. Is there anything else that...

D4: What's the research question again, sorry.

Researcher: How does the psychotherapist experience working with despair in a UK prison setting.

D4: Yeah I think, I think that's probably all I've got. (33.49)

E. Laura

Researcher: So how do you experience working with a client in despair in a UK prison setting?

L5: First of all I would say it would be how did I experience because it's quite a while ago now, I'm calling on the experience from about 5 years ago and I suppose, um, I worked with maybe half a dozen different clients. And think about it, I guess all of them experienced some level of despair. And it's how I experienced working with it, was the question, how I experienced their despair?

Researcher: Yes, yeah,

L5: Yes, um, I think the weirdest thing I found about working with clients in the prison was the fact that I had to lock my clients in. I don't think I ever recovered from that and I thought, what that felt like, that, in a way that left me with a sense of despair because I felt that that was against my ethos of why I was a counseling psychologist was that you're trying to set people free to have agency and do their own thing and makes decisions for themselves yet I was locking my client in and there's something quite symbolic about turning a key on somebody after you've tried to help them be free and there was something quite odd about that I thought. Um.

Pause

Despair. I suppose the fact that they are so much within the system and in the institution that again they, when they become institutionalised, you're, you're trying to have talks with them and, and be alongside them and yet you are so sort of shut in yourself as to what you can do and what you can't do. It's a very different experience to sitting in this room here where if you want to you can walk out of the room and say you've had enough I don't want to do it anymore. Yet in the prison, in fact I can think of one occasion where I was with a client who suddenly said I just don't want to talk about this particular issue anymore, he had, um, I can't think what it's called, but the blood condition, a lot of people from a black background have. I can't, it's a blood condition and, he felt that if he talked about it, he would have to face the fact he had the condition and, and he knew the issue he really needed to talk about was that and because he didn't want to go there, because he, he felt it was too distressing, he wanted to stop talking and I said well of course you can stop talking. Then the whistle started blowing and it was a lock down and he couldn't leave then room, and, and I, I sat there, I, I, and, and, we had to look at each other, we both started laughing because the irony was huge and I think maybe that's a lot of way, about how, I suppose experiencing despair often turns into black humour with clients because actually what else could you use, um so I said to him well I'm afraid you are stuck with me whether you like it or not, but we can talk about the weather if you like, which again, in a way, how do you talk about weather when you're locked in, but there was something very odd about it thinking most clients can just walk away, err, they can choose not to come, so it's a very different, its, it's a, like nothing else you work with, having somebody who's shut in. I had another guy who I went to see and, or meet at the usual time and he wasn't there and I went to find the guards and said 'do you know where so and so is' and they said 'oh he, he's had a bit of a, a, he, what do they call it, he's kicked off and he's in the block and he's locked up. Um, I said so can I still see him and

they sort of looked at me amazed to say would I still see him and I said 'well, it's our therapeutic time, yes, if I am allowed to', so I walked down to the discipline block or what, I can't remember what it's called now but whatever it's called and saw him there and his face when he say me, I thought that man was in despair and I had a sense of, of I thought I can do what I can for you in this situation and he was about to see the governor and be told off and be reprimanded and be denied privileges and whatever else and um, I suppose, I suppose the feeling of, the experience of despair is all, all you can really do is be alongside them and, and sit with it. And...I think the most depressing time I ever felt in prison, and to me that is quite a long way beside despair maybe, I actually went in on Christmas eve and new year's eve the first year I was there because I went on the Saturday and they both fell on the Saturday and um the atmosphere in prison was so very different on those days, there was a very, very strange, I, I can't even describe it, um, it felt like the whole mood has dropped, um...it felt like people were kind of waiting, um...I look, it look, there was just an aura about the place that was different from any other time I had gone and I just thought how awful, to, I'm leaving here to go home to be with my family and friends and to celebrate while there stuck in this place, mo...mostly because of something they've done, but, it felt inhumane, it felt, I, I can't describe it...there was yet another man I used to see and he, he was only 23 and so he was only just at the edge that he could be in there and I used to see, um, see clients on the sex offenders unit and um, he...I think may have be in the same year, at the same college as my son, I never actually found out, but the sort of, things he said, and the places he had been, I thought there but for the grace of God that could have be my son there now and sometimes I'd be on holiday and somehow the sense of him would be with me sometimes I'd be driving down, like, you know a country lane and thinking this young man should be out experiencing the countryside and the sunshine and he's locked up and that, that left me with a sense, sometimes I got a weighed down feeling, um...I feel like I'm going all over the place with this question but, um. I think it was time to really pull on supervision and it was immensely helpful to explore those feelings because in fact what it did for me, I suppose, when I think about experiencing despair it's quite an exst, existential question and before I started, um, practicing in the prison, er, I was a black and white Christian. And um, I was the leader in our church of the services, I taught Alpha courses, very, very, not fundamentalist but very convinced, convicted of my faith and actually, that's gone since being at the prison s I suppose in a way that is quite a radical thing it, 'cos, what I found it did, was weighing up people's um views and prejudices that they held about these men I saw an then, the faith they said they held, um, really challenged me, I thought I cannot maintain integrity and continue to practice this faith alongside what I can see in front of me with these men. And so I suppose it changed me fundamentally and I suppose it was experience of their despair, their fear that society had given up on them, um, I felt that they had been judged twice because having been with them in the prison and got to know them, I, I've seen that, I think everything I saw had a disorganised attachment, had um, had some sort of disastrous relationship or no relationship with parents, um, and then reacted in what would be...well I suppose a fairly normal way, if somebody's mistreated then the chances are they are gonna, they're not gonna turn out as you would expect or would hope, then society turns round and locks them up because they react to what's happened and um, I'm burling, but it just, it just felt I couldn't have this Christian faith with its very moral judgments about what's right and what's wrong and then see these men and you think, well they're still people, and I can still form strong relationships with them and feel very fond of them despite what they've done and, I don't know how else to explain it really. Um, so I suppose it took me to despair in that it made me really think about, like a lease, and about life and death and about right and wrong, about judgment.

Um, about how we judge each other people, how we judge ourselves. Um, whether you can do anything so awful that it's not forgive, not forgivable. Um, whether locking people up actually makes any difference, whether it can change behaviour, um, I think again, thinking back to this young man who was 23, he describe the experience of one minute doing his crime, he was in the process of raping a woman and the police headlights turned up, caught him in the act, he said you know I was roughly handled, thrown into the police van, taken to the prison, bright lights, the next thing I know I'm thrown into Wandsworth prison and the shock of it, he a, he admits what he did was wrong but its eee, it's the cold, it's very hard to understand the immediacy of it. A remember another man who, um, was locked away for um, having a sexual relationship with his stepdaughter who's about 13. One minute he was in the family home, the next minute he's gone and it's hard to imagine that change, the transition between being in what feels normal outside to inside and I wonder if a shorter sentence actually wouldn't help in some ways because they become institutionalised, they lose any sense of society...and the longer they there, they are there, the more, more prison life feels, the more it feels like it is, you do feel a sense of despair whether you can help them to change...or if do they they want to because they want to be in the same place.

Break (participant requested).

Pause

Researcher: What I was interested in, um...was how you responded to their despair kind of therapeutically.

L5: Um, OK. Um...

Pause

It was quite early in my training, I suppose we had been training f, at that time we were training person-centred, then CBT and then psychodynamic. At that time it was meant to be a psychodynamic placement and it what I found was, that some of those men, psychodynamic, that was just not a way they could grasp or work with, so quite often I would revert to err, a person-centred approach and...I think for some of them, just, just to be alongside and just to empathise was a very new experience for a lot of them. I think where they had that disorganised attachment that, to have someone, empathising was something very different, and some of them seemed to revert to being quite, very small children, um, so a lot of, I think a lot of the time I found myself being almost containable mother, that was often the place where I felt I ended up, um. I think, I think that's probably my preferred therapeutic place anyway but it did seem to draw me a huge warmth, a huge love for them, a huge desire to be kind and to nurture. Um, 'cos that kind of felt what they'd lost or missed out on altogether. Um, one guy I saw, he, I saw him, he was the one I saw probably the longest, he, um, he talked, in, in a very disparaging way about his mother and um, it did strike me when he talked about her I thought he, he was very, very warm towards me, I thought if, if this flips round, if for some reason he decides that I am the cruel mother, I could be in real trouble here. Um, and it turned out later because he, he left the prison he actually was released and then a few, I don't know, a few weeks, a few months later something he was back again and I, he wanted to see me again, he explained that he was already set up to see someone else and I said to him at the time, I can't see you the at the same time as you're seeing someone else as that's not how

it works but please you know, always say hello to me 'cos I thought, ill kept the relationship with you, but I had contacted the other person to find out and they said 'well I'm not sure I can work with him because he's got um antisocial behavioural disorder and he's been really quite violent with other people, I though oh crikey, so my kind of instinct had been right but I found with him that, he, he responded so positively to the warmth and to the nurturing that I never really felt particularly unsafe, I just wondered if what might happen if for some reason he found me as, to be rejecting, I used to worry about breaks, how he would cope with the breaks, um, whether he will see me as being a rejecting mother. Um...he used to be...frighten, frighten or disturbed by the fact he knew he was disturbed because he would tell me that at night he sometimes had the sensation of someone sitting down on his bed when he knew there was some, nobody else in his cell. And one time he stopped and said 'can you hear that noise' and I said 'what noise are your referring to' 'cos obviously the prison, there's lots of noise. 'A bell ringing.' And I thought, no there's no bell ringing and I said 'well maybe you can hear it maybe I can't, just because I can't hear it doesn't mean to say you can't hear it' and I thought hmm, psychotic episodes um and there was a feeling of, have I got the skills to help this man, I don't know if I've got enough expertise, I don't know, I though, I'm getting signs that maybe he has got maybe disassociative identity disorder, some sort of personality disorder there, I don't know if I've got the skills to handle this, so back to supervision and what do I do. And I found the supervision at university was extremely unhelpful at that time, we used to have group supervision and are, my um supervisor, we used to have to take in a bit of tape and I played it and she freaked when she heard this man and that made me feel quite distressed because she said I think he's too dangerous for you to work with him and I thought you've only heard his voice, why would you think. And that made you, made me think maybe I should be really frightened of him. Um...I found that a very disturbing time, and to have said that to me on the Friday when I had to go and see him for a session on the Saturday was not helpful. Um, I felt it disrupted my relationship with him. Um...'cos it then made be question whether I should be frightened.

Pause

I'm still not sure if I'm answering your question.

Pause

Are you able to help me?

Pause

Researcher: No, I think there was something important in there about what, what do we do with despair, can we do more than just be alongside it.

L5: Um, um.

Researcher: What can we do, that's what I heard.

L5: Yeah.

Pause

I think because I was in training at the time I think sometimes like I wasn't, I was ironically in psychodynamic training at that time was that there was probably a parallel process running round, a lot of the time I felt in despair and whether or not that was whether, it was the, the, the men and what was going on in the therapeutic relationship or whether it was the studying and also I was carrying a very heavy workload outside it, whether it just was circumstance but sometimes it could feel overwhelming, some, I felt I couldn't influence, make a difference, I also had the faith bit going on, feeling that where I'd had support from the church, I didn't want to pull on it 'cos I felt they, they were being hypocrites and they had a lack of integrity so in lots of ways I was experiencing despair to what extent that was me having a parallel process or absorbing their despair, so what can we do with it. What I wanted to do with it was walk away from it I think because despair can feel overwhelming and it can feel...well it can feel like you want to commit suicide, it can drag you down, um again that was where my supervisor at the prison was enormously helpful because I think what can we do with despair, we make sure we talk to other people about how we feel. I think that's one use, I can't say how helpful, you know, her supervision was immensely helpful and then I had the experience of the university I phone her and said this happened and she said 'oh for goodness sake, how ridiculous', which was that very pragmatic approach, you know, 'what's the women talking about, of course not, he's, he's just a prisoner who needs your support and help the same as any other so take no notice of her, of course you don't need to be frightened of him. you know what reason have you had apart from her opinion' and I thought yeah that's true. Um...so probably I think one of the things we can do with despair is seek support to feel that we are not being overwhelmed by somebody else's despair, it can feel like you are being pulled down with it if you're not careful. Um...

Pause

I think at times it was tempting to revert back to a CBT approach and um, my, my, my feeling still to this day is that CBT is a, is a, sort out let's stick a plaster over a, a sort of oozing sore and hope it goes away but um...but I think there can be a tendency of either wanting to, to back away from it and not to actually go in with somebody because it can feel too much so um, bless you, again...So I think probably I tried lots of different things, one's to be alongside and almost wallow in it with them, one was to back off completely, um, another one was to try some sort of facetious ritual type thing of CBT so tell me the worst thing and what's the worst thing that could happen and black and white thinking and to try and do all those sorts of very mechanical type things and thinking this is just crass actually...but you, you, you, kind of you do begin to despair what you can do with despair, you know It's, it's, it's not an easy thing to work with. Because what do you say to somebody who says my, my wife says I can never see my child again because it was her step, that he had a, I'm talking about another client now, the one who had, um, sex with his stepdaughter of 12 or 13 and they'd had a baby together and she would not contact him or allow him any access and you think well have you lost every right to see your child, I don't know the answer to that question, but all in know is that man was in a lot of pain, um...

Pause

I suppose the opposite of despair is hope. And I suppose sometimes what I would explore with them was what hope they did hold for the future, what they could imagine for themselves. So sometimes to say so yes this terrible thing has happened we will

acknowledge it and to say so you know, in 5 years in 10 years whatever you will be out of here so what do you see for your future so maybe that was another thing was to sometimes help them to future plan and look, and look to the future. Um...

Pause

Um the guy who went out of prison who I said I, I'd seen, when he went the first time obviously we, we planned it as if he wasn't coming back, we, and um, I bought him a card and it, he talked a bit to me, he's got two sons and the fact he enjoyed going fishing with them, so, it, it was a picture of a lake and a fishing boat, and I was saying, I think I wrote something in the card, something like...hoping you will have time with your boys doing some fishing and almost sort of trying to capture what he had held as some form of hope, what was happening in the future so almost holding that hope there was for him and with him.

Pause

And also maybe discussing that just because he had had an awful deprived childhood, doesn't mean to say necessarily it had to happen again with his boys for their future, it did not necessarily have to be repeating the cycle, and that he'd, he did have some agency, to facilitate change.

Pause

Researcher: I was interested in what, um, for you their despair looked like. What kind of despair was really.

L5: As I am sitting here talking about it I feel quite sick actually, I'm surprised I actually feel physically quite sick so maybe it's something, it's, um, its, its, it's quite a physical reaction is what I'm having as I'm talking about it. And when I'm going quiet, I'm remembering that sensation is like a pit of the stomach bleugh. I'm not quite sure how you, um, its, it's a huge black cloud that just sits over you and you feel like there's never going to be a sunny day again, it's that. It's the pits of despair stuff, it really is...people talk about the fact that people make choices when they commit suicide, my personal belief is that they don't, that they are so overwhelmed with despair that they, they, it's like they can't ever believe there's ever going to be a sunny day ever again. But it's just black, there's nothing else, so I's, I think it's an overwhelming sensation that you are never gonna get out of, whatever it is there's no escape and there's just no hope there.

Pause

Researcher: Is that kind of what your prisoners portrayed?

L5: I think the lack of hope most definitely, um.

Pause

And a kind of desperation seeking comfort from me that almost like you've got to have some hope for me somewhere that it was almost like, almost like leeching it off you trying to slurp it out of you some hope from somewhere, yes I think maybe, so maybe

there was just a little tiny bit somewhere that there's just a seed of hope maybe that's what keeps us going actually maybe we're not completely overwhelmed with despair, there's always just the tiniest little flicker somewhere, 'cos otherwise why would they have sought counseling at all if they were in utter despair.

Pause

So...I think they portrayed, a lot of them, desperation as much as anything. But also maybe it's the human condition just as I said to hold on to the smallest, lightest little thing that if there's anything you can grasp on to, that you will. It's almost like being down a well and somebody's, there's a rope just dangling you might just be able to, if you, you know, something might just pull you out if you, but you gotta somehow find the strength to reach up and grab it. It's, it's that kind of feeling and that's, that's the kind of sense I got from them that, it's one well of a struggle but they could...Cos when I think back to those times, there was a huge a waiting list people wanted the counseling, wanted, they wanted hope, they wanted somebody to be with them and they had hope for the counseling, that it would make a difference. I would say despair was a common, um, factor I think of being in prison. Um.

Pause

Researcher: Do you think in many ways that was specific to the prison, the experience of despair, something about that.

L5: Well I'm just comparing it to, I've just seen a client a couple of hours ago who just had a break up of a relationship and she was sort of despairing but then she sort of said to me, and she said 'what will I do' and I said 'tell me the pros of having ended this relationship, because she ended it, and tell me the cons of it sort of thing trying to give her a sense of weighing up if you like. And she said oh life will gone on whether I stay with this person or I don't, I will get on with my life, I will see my children, I will do whatever and I'm wondering if that still happens in prison because you haven't got your agency. Whether that's what the difference is, because she can choose to drive herself off down to the coast, she, I suppose there's more things you can distract yourself with if you're out in the world, you have more choices don't you, but it's in prison you're very limited about what else you can do. So maybe that what it's about, I suppose that, I mean that's why they're in prison, they're freedom has been taken away from them. Maybe, maybe it's that. So I'm not saying that people, other people don't experience despair of course they do, but.

Pause

New op, you're opportunities for change and for, choice just are so diminished in prison...I mean you don't even get the chance to go to the toilet in privacy I mean it, it's a basic human right, I mean that, may be, may be if we are in prison we become more animal like that we feel like we haven't got choice and we haven't got agency and we can't, maybe that's what happens, I've not really thought about this before thinking about that, maybe that's what it is.

Pause

Researcher: And did you find that they, they can show their despair, i, in kind of the sense of quite a few people have spoken about prisoners kind of puffing themselves up and needing to seem quite...

L5: Um, um. Um, I did have some, some of the men just sit and cry with me so, I think the reason why the guy who didn't want to stay with me and wanted to get away and then we had the lockdown, he definitely was like that, he was using his defences to say 'I just cannot face this feeling that my body won't do what I want it to do and it, I've got this problem.' So yes, I think that's why he wanted to get out of there because he felt he would crash and burn and that I would see him very, very distressed. So yes he did. Um...not so con, some of the others no not so convinced actually some of them would sit there and tell me just how they, they really did feel and um...the young guy who I worked with for about two years, when we finished, I can't remember why we finished because it was such a long time ago, I don't think it was choice, I think he might of, I think they were moving him, he was moving prison and he bought me a book and it was a very strange story but it was about different realities and different perceptions um and he actually wrote in it, at the front of it that never forget Laura, that you always have a choice which I thought, in a way he was talking to himself about the, and the choices you make and, and the different realities you then incur, 'cos he was always, he, he often used to say so it was a bit like the butterfly effect I suppose, and if the butterfly flaps his wings, what effect it has and so you're saying if I hadn't done this, this wouldn't have happened, that wouldn't have happened and now life kind of fits together and um, no I think they, no I think most of them did actually, not puff themselves up but were quite real with me actually, maybe I'm, but.

Pause

You've got me doubting it now thinking about, but I think, no I think most of them were, there were a couple who just couldn't tolerate it. I always thought how hard it was for them to be in counseling and that most of us who have experience of counseling can walk away and we can go sit in our car and have a few quiet tears and we can go and thump a wall or do whatever you, we feel we need to do but to have to walk straight back out into there and not have anywhere private to do I cannot imagine how awful that must be, to open all that stuff up and not have any privacy to kind of be left in peace to think about it...I used to worry what might happen to them, um, I mean sometimes, I never had one, but sometimes prisoners did commit suicide and um, only I found that desperately sad thinking how desperate must you be and 'cos it was hard to commit suicide in there, it was really, you, you had to buy their ingenuity how they managed to do it but.

Pause

I'm finding it quite sad remembering it actually.

Pause

I think the prison officers have a huge impact of those men because obviously they, in a way they were their substitute family, they were there and I could always tell which officer was on duty because there was one who was particularly horrible and vile and um, I think the men felt very frustrated and wondered how to cope with this man who was just vile, but some of them, others could be very kind and containing and firm which I think

was exactly what they needed, they needed boundaries but kindness with it. And they, they would respond hugely to those officers. One time, I, I stood in the um, officers um room because one of my prisoners I don't know, I can't remember he wasn't there for whatever reason I have an hour I had to wait and of course you can't really go out and come back in again and so I said 'so I've got a free, free, free hour' and they said 'ooh can we have some counseling then', I said 'if you like', thought I'd call their bluff and um, they started talking about how they felt the despair of the place sometimes but how they were drinking too much, they knew they drank too much and um, about how they felt if a prisoner committed suicide and the fact that they have to just have a cup of tea and get on with it and that there was nobody who they could talk to about how they felt, in a way it all feels like, um, a microcosm a really, like a community quite separate from anywhere else unless you can step into that place to have a sense of how that feels it's hard for anyone outside to imagine what that is like. Is a completely different world.

Pause

I was just thinking about um, anoth, the guy who abused his stepdaughter and his lack of understanding why his wife wouldn't let him see his son. I suppose his despair around that and how I worked with that was to try and help him to empathise if you like with his wife to imagine what that might have been like for his wife to suddenly find what he had been doing to his stepdaughter and why she may have felt that, a child was now at risk, and her anger and fury at being, at what he had been doing with her daughter and he, he found this so hard and it was so seductive his way of thinking, I really had to keep pinching myself almost think you know what he was doing was wrong, 'cos he could be, it was so easy sometimes to be swayed into their way of thinking, that um, I say 'hang on a minute that was child that you were talking about there', 'well she seduced me' and 'whether she did or she didn't isn't the issue, you were the adult and that is your responsibility to say no and to walk away or whatever it takes but not to respond to it' and um, so, in that situation I think, in, in that atmosphere it could be very easy to be swayed over to their way of thinking so their despair could be very faulty thinking sometimes in how they 'but why won't she let me see my own son, why, why would she not want that, why won't she make contact' so, 'well let's just imagine what it's like in her world for a minute, you know, the door, the police knock on the door, it's the first she knows of it, you've been abusing her daughter, why would she want you to see her child?' You know, some of them found that very hard to have that empathy to understand why and some of the work would be thinking about well the impact they've had and why somebody else might not want to see them...which felt cruel in some ways to think like that but also it's a reality check as well.

Pause

Another guy I saw, he um, was in there because he had pretended to be a young girl on Facebook or whatever and had arranged to meet another young girl and his plan was to abuse her at the park um, but the, it was a policeman he was actually talking to so when he got to the park um, he was met by a burly policeman rather than a 12 year old girl. And he couldn't understand why social services may not want him to have access because he said 'but I wouldn't do that to my own daughter' and I said 'yeah but she was somebody else's own daughter and, so, sometimes their despair and how you work with it was almost like trying to give them a, a sense of making contact with reality and to think about their twisted thinking around these issues. He did become very distressed 'cos

when he really thought about it, he realised how he had managed to get into that way of thinking and I can kind of see it that the internet is a fantasy place and I used to say to them, 'think what you like, it's what you do with the thought that matters we can all have, I said 'you know if we all did what we thought they'd be bodies stacked up outside and people being raped and, you know, we don't', so, so you know, I, I suppose a lot of the work I did was talking about the gap between the thought and what you do with it. But they, some of them as I said that was two of them, in fact I could think of another one who got a very distressing 'well I wouldn't do that to my own' but thinking, 'but that's not the point is it, you've done it to somebody else's and that's just the same as, that's somebody else's daughter or son that you have abused'...then we go full circle too usually they've got some form of abuse or something in their own background that stop them from seeing boundaries so they've been sexualized at an early age so how did you stop the cycle. Sometimes I felt quite despairing then 'cos I'm thinking well, you know why is it one person does it and another person stops, 'cos they could have both had that same experience but they're not in prison because they haven't done whatever it is but these people haven't managed to stop...So that's another interested question there, what, how do you stop that impulse.

Pause

Sometimes I would feel a big dilemma in myself 'cos I'd feel enormously fond and attached to these men and, and at the same time you think, but look at what you've done. And I, I used to feel very distressed sometimes that I come home and, and err, my husband would say things like 'string them all up' and you think, oh but you don't know them.

Pause

That felt a judgment on me in some ways, that I had, I would spend time with people like that. That um, yeah I found that very distressing and again that would be a thing for supervision.

Pause

Are you getting what you want from this?

Researcher: Is there anything else you wanted to add or...

L5: Err. I had already finished the placement before the prison um therapy finished and I found it very distressing the way it finished because in the end it became that they just concentrated on the SOTP didn't they, didn't, and they no longer had the access to the, um independent counseling service and there was a, I think there was an outcry of despair about that, but from both sides because we could, both sides could see the value of it and the feeling being pushed into the treatment programme with that CBT emphasis without really ever exploring what prompted the behaviour rather than just looking at behaviour and saying well thinking about your victim, because these men were victims before they'd got to do the crime, um, I found that...well, I, I, I was left feeling very exasperated and also pretty devalued about the work we've done. In a way we could never let the prison know the work we've done because with the confidentiality of it, and that was the whole point, but that was where it got such a difficult argument to make, why, what the

value was of what we were doing...I thought, I, I, I mourn the fact it isn't still there. I had hoped that once I'd qualified, I might be able to go back and give some of my own time to do some work especially now I've got more experience and more qualification, it would be interesting to go back because I was, I felt very green and unprepared and under trained and all of those things in that setting and I wonder what would be different if I went back and practiced now, maybe nothing, who knows. I don't know. But um, I learnt probably more from them than they ever learnt from me and I'm glad I did it. They changed me completely I think as a person. That's probably all I do have to say (46.01).

F. Sabine

Researcher: So how do you experience working with a client in despair in a UK prison setting?

S6: Ok. Um, since I agreed to participate, I thought about it. And...I, my, slight difficulty here is how I separate out despair from um, other, um, for example I cannot really separate um despair and take it out of, the con, context of err depression. And, and also I thought how I would best approach this and one client, so I would really like to talk exclusively about one client because that client to me shows such sign of what I perceive despair and maybe it would be useful to sort of try to come to some definition of despair. Um, and this is the client I have been working with for two years and, two years I think it's quite a long time especially working with somebody in the prison setting and in a sense, we've been very, very lucky that that time has been allowed us to work together and err I'm sort of wondering if you would like to have a little bit of background, background on this, um, um, person, obviously I will keep her, she's anonymous so I will just give general information about her because I think that helps understand and her, and how the work that I've been doing with her and how despair is part of err, um, her make-up really. Um. She is now 20 years old and when I started working with her obviously she was 18, she's in prison for ABH and kidnapping and that's quite a serious crime and she was sentenced to, to five years but she's going to service two and a half and she's due for release in April of next year. Um, her presen, she was referred...to therapy, err, for, um, opre for, depression, self-harm and I they were the two general yeah that that's what stay, was stated on the referral form and when I first met her, she was very down, very low and it was quite difficult to establish any, there was no eye contact and trying to establish a relationship with her, took a very, very long time, um, looking back, there were obviously there were trust issues and suddenly I appear on the scene so who am I, why should she trust me and to start with um, she was in this very, very dark place, very depressed um she's been prescribe antidepressants from the age of 14 or 15 but I do not think that she had the discipline to take them on a regular basis, she would also take it upon herself to decide to come off them and um, so I cannot really say that to what extent maybe the, the and I know that she's now been, now she's on another kind of anti-depressant but, so I really cannot say to what extent um, there was you know, they were working or not but working with her, um, she was very reluctant to engage and she would be just sitting there, looking out of the window and this is when I realised how difficult it was um, being sort of quite new, she was one of my early clients. I was sitting with her and thinking well what are we doing here, she's looking out the window, sitting her and whatever intervention in the early days I tried she would not respond, and she would be just sitting there, occasionally she would talk a little bit about her family and err, so we didn't get very far and this was when I was starting getting a little bit worried about us thinking what am I doing here, am I doing anything with her, am I helping her, so I brought this to supervision and discussed this in supervision and my supervisor said 'stay there, hang in there, something is al, al, something must be happening but just be patient', stay there and. 'OK, I'll stay there', which I, which I did. And um so slowly, slowly, slowly she would start talking and she was a victim of sexual abuse. She comes from Jamaica and her mother left her, err in Jamaica, her mother came to this country and she was left with her grandmother, which is not unusual. Grandmother, um, abused her both verbally and physically and she was sexually abused I think from the age of five, um at the age of eleven she came to this country and joined her mother who had a new family,

another daughter so she had a sister she'd never knew, anything, well if she heard about her sister or didn't hear about her it's neither here or there and also she had a little brother so she joined this family and so this little girl coming from a, now, she was eleven, coming to this country totally different setting, different country, different everything and then finding her mother, that was her mother but all these other people. Now, her mother had partners, relationships, people who were staying in the house and err, my client was abused by these various men who used to come to her room and her, there is so much anger in her, for not being protected and she started running away from home, she was in care, she was in and out of care and she had this massive rage about authorities because she said instead of being protected and looked after, not even the authorities, social services did not really take care of her and she was abused when she was in care, so she had, she's having this massive anger, now working with her, the moment I walked in the room and I can see immediately her body language and then again I'm sort of thinking how that's fits with the depression and looking at four different, you know, dimensions of depression, you can see body language very often she would just slump. So we've got away from just looking at, looking at the window and avoiding any kind of contact now she's just slumps, I'm just doing what she's doing and there are times when she would just, we work, she, she um, her unit is an enhanced unit so it's a very um, its bet, better equip and when we go to the association room there are wonderful leather settees and err, when she's one of these moods when she, you can see darkness there is no, nothing in her eyes, dead eyes and then she either slumps or she lies down on this settee and I'm sitting on the other settee and you said one of the things that interests you in your research, how do you react to that. Um, when she first started doing it I felt like a sort of school mistress saying 'you are not going to sit like that with me, this is not appropriate' and then, I did say that simply because a lot of things that we would like, we are programmed to say and it's part of our conditioning and social behaviour, you just learn and undo and don't do them. But it was thinking well this is not on, sort of thinking I was not being respected but then as I had, I spent so much time with this client, observing her and sitting with her, I was able to sort of go through my thought processes and thinking what it is that was, why was I getting so really annoyed and thinking this isn't, this is not appropriate behaviour and everything. So I had time to sort of think about it and then decided no, no she, we are not going, let's see what's going on for her and how long it would, what is going to happen because I learnt that trying to get her to talk when she was in one of those space um, was not getting to get me anywhere. So being silent is something that I personally find quite difficult but something that I think has worked with this particular client because she obviously needed the time and space and pace at which she when she was ready she would start talking and opening up and everything so body language, not looking at me and very often she would say that she was feeling very, very tired, she was very sleepy and she would say, 'well, can I go back to my room' and I would say 'is that something you want to do'. Um, and in, variably invariably she would stay, I wouldn't say go I would say 'is that what you want to do, you know just so we would sort of explore that a little bit, um, um, so, so that was the body language then allowing her and letting her be as it, as it were, she would usually after a while start talking. It would invariably start with, 'I really haven't got anything to say today'. 'OK. Right'. Um and then again let her, be silent for however long and then she would start talking about things. Um, so there is this massive rage and anger and often I would ask her if she was angry with me as well because she was angry with her mother, she was angry with the authorities, she was feeling very much a, a victim, and, um, the world was not really treating her and she would say no, no, no I don't feel angry with you, but then again that's um, I've just had a break and um, I wasn't there for two weeks and the anger, she is

massively angry with me and um, and then she says on the sort of rational level 'I know you need a break and I understand that' but on the other hand it brings up all these issues of loss and abandonment and rejection, so, so there is that. So, we have, when, so when she in that dark place it seems to me, there is no hope, and this is what I, how I see despair, there is no hope, what on earth is she going to do because she missed out on her education and she did not attend school and then she did not attend school, because her mother made her look after her younger siblings, she did not, or she also missed out because she was changing schools, she was me, me, changing, you know social services, she was you know, various, um, err, err, she was, you know, err, with various social services and then she was sent to some special place in Wiltshire, because a special school which she absolutely loved but she was made to come back because her mother wanted her back and the social services, I think, whoever it was in London, thought it would be a good idea for her to return home, so, um. As far as her educ, if she was no education how is she going to um, make, what's she going to do with her life, get a job, what kind of job if you are not educated, so she missed out on that, she's missed out on her childhood because she says 'it's the adults who are supposed to look after me, they stole my innocence, and I was never allowed to be a child and I never went through the sort of proper, normal growing up developmental processes. And now suddenly I'm told you have to be responsible' and she said 'I don't know how to be responsible for myself or,' so she's missed out on education and then she also err feels tremendous guilt and shame because still at the age of 20 she wets the bed and that in she was saying how can I ever have a normal life with anybody when this is still happening to me so that is a big, massive but that it that brings her so much shame, so we have that. Um...and then she's, she sort of tries various things but then very soon gives up, anything new or if she gets an idea that she might be doing something, she's gives up even before she starts because then she knows that if she starts she will fail so there is this fear of failure that, that seems to me again hopelessness, desperate, um, so she does not, she has this ideas that it would be nice to do an Open University degree, it would be nice because they have educational courses in Holloway. But she may lose, she may start something and then, then give up so there's that fear of failing. Um...self-esteem, does she like herself, no she doesn't like herself, very poor image of herself, if she doesn't like herself why should anybody like her. And err, also there are times when she's saying I really do not think that this therapy is working for me because I open up and she says 'every time I open up it stirs up so many bad and such unhappy and dreadful and difficult memories and thoughts and feelings, what is the point of doing this.' So we sort of stop and explore that and she says 'well it's like opening one door and I open one door but instead of others, other doors being closed, I open even more doors' and she says 'you know, I don't seem to be getting anywhere' and so I said 'OK. Fine.' And also we have about six months ago, where I think we had this sort of major breakthrough and she talked about really difficult um memories and thoughts and feelings she had about sexual abuse and she started crying and it was so, it was like a, like a, like a flood gates opened. She was inconsolable, she cried and she sobbed and, this went on for quite some time and then working in the prison setting, you are very much aware that wherever you work, there is no privacy really, because even if we are in one room together there is a glass panel so, other people go past and to show your vulnerable side and err, she the other, you don't, you don't want other people to see you cry, so I usually try towards the end and even if it takes longer to bring her back and so that she, sort of, you know, she or any other client calms down and can go and face the world because it's um, because it's the world which is different from any other setting, it's difficult for anybody, even if you are in a private setting or whatever but here it's particularly difficult so we had this session and then the following session what

did we have, the so called core complex we become, became so close together and then she pulled back out of fear of the closeness or intimacy and all that so again, tried again slowly, slowly and then she would say 'what is the point, I get so upset, so it's much better for me, to forget all that' and so I said 'does forgetting, does forgetting and not wanting to think about really work, no it doesn't' so we start exploring how we are going to think about it together and how we are in this together. So, so yes it, so yes self-image, low, low self-esteem, no hope, no future and gets very easily disillusioned, one of the things she started she thought that she would um, it would be good for her to convert to Islam and we had a period when err, she went through the motions and err and it just, was just because the err fasting starting the err, err Ramadan and she is obese and when she's upset she does eat and eat and eat so suddenly to be able to fast I think she managed it for three days and after that um, I, I gave up and then again another instance of her failing, evidence of failing, so we talked about it a little bit and I said 'well', I said, 'well let's look at it, other people, there are people who are born into Islam and from though children don't fast but from an early age they get used to it and this is something that I said for you, you know, you need time would you not consider giving yourself time' and 'no, no, no, I'm a failure, what is the point. So again negating anything. Um...and one, OK just to thinking how you know...

Break (participant requested).

Um, um I was just sort of thinking the, the reason I, I chose this particular client is that I think her levels of despair what I see this darkness, like, um, there is no life and um, and when she has, when I'm with her it is really, really hard because it affects me. And I feel also being sort of dragged into something in some bottomless whole 'cos um, I think on one occasion I just remembered, I think I remember one occasion she was saying 'I'm depressed and I know I'm depressed but nobody has asked me what it is like to be depressed.' So I said 'OK' I said, 'would you like to talk about it, what is it like' and she says it's like being in this deep bottomless black whole and she says 'however I try to get out I can't.' So sometimes I feel like I'm being dragged into this whole with her and one of the things I never know, I never know what she's going to be like, so there are times when I work in there and nothing happens and then she says 'no I don't want to be here, I just want to go back to my room' and then she doesn't and now I know, when she says that 'cos, I said earlier 'is that what you want?' and then she stays. And it also f, feels like if there is no pressure and if she does not, then she will talk when she feels ready and she will talk whatever she wants to talk about. Um, she has, one of the, I think wonderful things about working with her, that she has remarkable insight and when she does try and think about her life and think about her childhood and all the experiences and all the things that she had, been through in her life, she understands why she feels the way she feels. Um, as far as her offence is concerned for about until two weeks ago she didn't want to talk about it because there was nothing to talk about. Um, she was not guilty, err, she just happened to be there, she didn't show any remorse about anything and she did do Sycamore, you know the Sycamore programme? It is the victim, victim-awareness programme, apparently which she did very well in this course but then seems she didn't talk about it and didn't seem to make much difference at least didn't show, she didn't talk about it, she didn't I did not really hear anything about her thinking about the victim, but, um, two weeks ago she basically said, in a session, 'I did something wrong, it was bad what I did' and she said 'it's true that the victim did bad things to me and to my friends, nevertheless it was wrong.' OK, fine. Now, so in one sense I feel that we have come a long way but depression and despair keep popping up so don't seem to go away. Um, as I

said I was away for two weeks so she was hugely angry with me last week when I saw her, the session started with, 'I thought you were going to be away for a week and you were away for two weeks.' And she didn't like that so I said to her 'well OK', and I, I said 'I did say I'd be away for two weeks but perhaps you didn't hear me, misunderstood me, whatever' but I said 'what was it like, the whole terribleness, what was terrible, colleague of mine check in on you'. 'Oh yes, but you know, she tried very hard, yes in a sense it was good to talk to her' but she says 'you know I don't know her,' so and I said 'Ok, but what, what is it' she said 'I don't like change.' 'OK, right so maybe you don't like change and all that'. So, um I think now that I have worked with her for so long, which in, in the prison context is a long time, and it is not likely to continue because there is never, no funds really for any therapist to work for more than 18 sessions, so I think in a sense it helped me, err, work out you know, how I was relating to her, how her behaviour affected me and especially when she had these dark moments, she, I would be dragged into this blackness but she is young and there are moment when she h, shows signs of healthy thinking and there are signs on other occasions when she does express hope, um, the future, hope, um, and it was absolutely remarkable what happened yesterday, she had her sentence planning meeting, she's released in, um April and they do that six months ago, six months ago, six months previously so um, I was at the meeting and seeing her last week looking very, very angry not wanting really to talk to me. Um, so anger is different from despair when she is desperate no, no, there is just deadness, nothing, um but she, um, came to the meeting yesterday and again she was all dressed up, her hair was done-up, her eyes were bright and she seemed to have this sort of confidence and ability to take about herself, about the offence, about her anxieties, and err, so that was very positive and encouraging but at the same time I know that there will be times when she will be back in that blackness and then I think what I will be doing with her in now, and April is really working towards some sort of closure and ending and working with her to see what we have, we worked you know from the work we've done together, also sort of, strategies and what kind of, you know what she has found helpful and what she still needs to do because when she's realised I think that, it would be the rest test because whatever we do in the prison setting, they are there, they are contained and there aren't the, they aren't very, that many temptations, it's not the s, s, the same as being on the outside and so I'm very. very um I'm concerned about her when she goes out but I'm also hoping that I'll be able to work with her 'Through the Gate'. 'cos that I think is so important, um, because I wouldn't like, you know what I find very difficult, you spent so much time and some good work is done and then once they're out it can be undone in a matter of sometimes days, months, but then again it will be largely up to her what she does with the work that um, we have done, so you know just sort of trying to sort of go back a little bit more to despair rather than going in so many different directions, I think it is difficult working with people who are, who, who are, who you feel that there is that hopelessness, there is no point to anything, everything is futile, there is no, um, there is sort of apathy and lethargy and anal that. But it seems that it is sort of temporary it's not something that stays maybe not with, because she's young, I don't really know. Um, you know, there is, you kn, I'm sort of hopeful that she may pull through and try, you know, may be able to live, a, a, a ordinary, some sort of normal life um, I think what is difficult for a therapist when you work in the prison setting is that invariably your clients come such, such, they're such damaged, um, vulnerable, hurting, angry people, people who have, um, experienced abuse, people who have not had parents or anybody to look after them, not to think about them and they have never been in anybody thoughts so and they still manage to survive, not everybody commits crime who comes from really deprived and impoverished in every sense of the word, families and backgrounds and um, it is

difficult, it is difficult, you hear these stories and I think sometimes I've heard it couldn't be worse, couldn't be more tragic, but it can be. So how you deal with that I think it's all down to the relationship you, you have with your client and I think in the prison setting it takes longer probably to establish that relationship and just being there, provide the consistency, provide the um, you know the sense that whatever they come up with, you are there you will do your utmost to respect them, to be empathic, um, not to criticize and I think if you are genuine, if you are really con, congruent yourself, they pick up on that because if you are not, they wouldn't be there. So yes, despair is difficult to deal with, hopelessness, depression and all that and that's why I sort of found it a bit difficult to basically separate out because it seems to me it's one aspect of depression and it is related to so many um, I mean you, you, you can sort of see a person who has low self-esteem, who is depressed, who turns against herself um, although I do not, I haven't experienced instances of self-harm although apparently this particular client does um, bang her head against whatever, but I haven't experienced that. So, um and I think that's about it, if there is anything you would like to ask me, do.

Researcher: The only thing that came to my mind is what, how you cope with the feelings that come up in you, of, of des, almost, almost despair in your client, kind of supervision or anything like that

S6: Well what happens is, what is very, very important is if it is a particular difficult session, I usually talk to my colleagues, 'cos on Wednesday's there are three of us and we have supervision on Wednesdays and it is really talking and about what had happened and how I'm feeling and invariably colleagues are very supportive, they listen, they um give they're you know, they share their thoughts, similar experiences and then, then it's raised in supervision, um and our supervisor is very, very, very good and it's interesting that it is usually if I'm stressed myself and feeling really desperate, they pick up on that and they say you bring it so vividly into the room and I find that talking about it helps, it helps but it does not eliminate it immediately, it stays and stays and um, I think and it's also, I just, it's difficult to, um, I don't know, I cannot switch off, I um when I'm doing my notes, and also, um, our, supervisor is psychodynamic so we have to do verbatim and I find that helps because then I can see the structure, of, I don't do it after every sessions but, um, I tend to talk about this particular client a lot and um, most of our verbatims are on her and when I'm doing the verbatim, it helps me see the structure of the whole session and to see what, what was going on and what was going on, what I tried to work out what was going on for her and what was going on for me. But it is hard because when I talk about her, when she has these moments of despair, I see her, she's, she's very, very big and she's black but it is not the blackness of her skin that everything about her is switched off so I can't see any spark, I can't see anything and I find that incredibly, incredibly hard so as I said I've been sort of drawn into it, um, and then I have to pull myself back and say OK, stay there, stay there and see where we are going to go if we're going anywhere and also how to sort of, like she said 'I don't want to be here, I want to go,' my gut reaction will be 'OK, fine, you go to your room and I will stand up' and now I make myself, because I realise now she's just testing me, you know, can I s, tolerate this, can I you know, so I say 'OK, fine' sit there and I'm getting better at this but at the beginning it was very, very difficult 'cos I really wanted to walk out and if there's a silence of more than five minutes, I'm out of here, why, why, should, h, so my supervisor helped me with that saying 'no, you stay there, you stay'. So now I stay and I think with this client I have learnt to be able to, to, to, to, to tolerate all this darkness and also, noth, which for me if, we are not talking, nothing is happening, that is not the case. Right so I

think that is the biggest lesson that I can do, I can be silent, so I think that is, I, I think I feel proud of myself that I am able, that I have been able to do that and with her I can do that but it isn't easy, so yes it is, so, talking, going back to your question, talking to colleagues alleviates it a little bit, talking about it in supervision and then I try to sort of do something after and when I leave the prison I 'cos as you say, as you mentioned the, I don't know where, whether, have you been to Holloway?

Researcher: Yes.

S6: It is bleak. And it's bleak, it's drab, it's grey and I think one of the, for me one of the most difficult things about Holloway is that it doesn't look like a prison...and you can easily and that's very dangerous, forget where you are. You can also forget yes all our clients are human beings and we treat them with respect and err, we support them and we, we work with them in exactly the same way as we would with any other client, however, there is a difference, they are there for a reason, they're in that particular place because they have committed a crime, whatever that crime is you always have to, you know, kept that in your head, now sometimes it's very, very difficult 'cos on a nice summer day, they have most beautiful gardens in Holloway, there is a swimming pool, did you, did you see the swimming pool

Researcher: Yes, beautiful.

S6: I remember talking a, a, a, a colleague, a, a on a tour and we walked across the gardens and he says 'this is wonderful' and I said 'yes'. Then we went to the swimming pool, you know the sunshine was gleaming it was bright and the most wonderful music coming from the chapel but he said 'this is wonderful' and I said 'yes, it's wonderful, it's great, but don't ever, ever, ever forget where you are and that's one of the difficulties. 'Cos when you go to Pentonville it's different, it's all in your face and you know where you are and men are different basically, whereas in Holloway, women are mostly depressed, it's a sad place and it's no, there isn't, I mean yes you can, you know there, there are, there is violence, there is aggression and everything but the overwhelming impression is sad, grey...mm, place, not, so yeah, and even now, I was just thinking yesterday I went to see a client and err, she was sitting on her bed watching television and I thought to myself yes they have televisions and well they should have, why shouldn't they watch television, but it doesn't feel like the same like a, like a normal setting. So you I think, one is conflicted on the one hand you know there are sort of beautiful parts and nice parts and all that of Holloway and I'm really sort of talking about Holloway but at the same time there is that, the greyness and sadness and bleakness and then, like with this client I have no idea what I will find next week, but yesterday I had a different person so I don't, I don't know, but it's hard. Ok, that's I think.

Researcher: Brilliant.

S6: That is that.

Researcher: That's great.

S6: Ok. (20.53).

G. Beth

Researcher: So how do you experience working with a client in despair in a UK prison setting?

B7: Um, I must admit I've been thinking about, about that question and I thought how am I gonna tackle that? And the first thing that came to mind, when I was thinking of it, I thought, two things basically, three, that we could start with. One was...place of the prison I worked in it was a Victorian prison is that OK if I say I worked in, yeah, so it doesn't have to be now, still very vivid to me anyway...and in itself, I'd say even without anybody in, that would be a place of despair. And it starts from, from, I mean the building, I, I've got this stuff of buildings and environment and context and I'm very much interested in architecture and things like that so if I look at the place empty, and it's obviously not by coincidence that I'm emptying it, em, emptying it in out first. I'll put the people in later but if I look at the building itself, it starts with the humming and the humming was something that really got me d, d, d, the humming of the ventilation and took, took me a while to get used to this actually because it was, I had always that horrible sense of...the death row basically, that humming, um, I was very, very marked by a movie called Dead, Dead Man Walking which is a movie, um, I think its directed by Tim Robbins I think, and it's got, um, what's his name...forgot his name now, um, Susan Sarandon is one of the, Sean Penn actually, Sean Penn and Susan Sarandon, and starring in the movie, have you seen that movie? It's um the story of a, a criminal err, he's killed I don't know, people. I think he's amen, he's amending himself whilst in prison and he sees on a regular basis, th, this visitor, she's a nun not nun as in fully apparel nun but as a kind of um, secular nun and hen builds that unbelievable relationship with this nun um...bit psychotherapeutic, guidance, spiritual, it's really, really, really powerful movie, 1992 or something like that I guess and obviously he in, he ur, he's on death row so I think we know from the beginning that there's very little chance that he will, he will um, he will get err, what do you call it, amnesty or whatever it's called. Err and it's just story of this man amending himself. Sean Penn is absolutely amazing in this movie, I've got a thing for death penalty, that's something that really, really touches me, um, I came out of that movie absolutely I don't know I was destroyed, err, so real, almost documentary like, um I just find it really difficult. And throughout the movie, there are so, those moments when you are really in the cell with this man um, he's obviously silent and you hear the humming of the ventilation this kind of...deafening silence, this kind of dead already and that's what, the b. movie's called, dead man walking, he's dead already and that's something that really stayed with me I guess but it kind of, was brought back by this humming which is right at the beginning, right at the entrance of the prison because of the ventilation grill, whatever it's called, just its just at the, at the front, so that's already a place which is problematic in this, in terms of the noise, the keys, the stuff, the d, the isolation of the scene, it's kind of a place where people are not walking about, a, talking about a Cat B prison so it's not any err, open prison it's just a very kind of medium secure prison. So that's one, one thing that came to mind when I thought about being interviewed, the other thing that came to mind was that erm...err, I don't know what, which royalty I should really, yeah I'm going to talk about the clinic, um I thought, kind of thought about the people I've seen in there, and...I can't think of any of those guys I've seen in there, it's a male prison who were not in despair. And, so I was actually in my kitchen thinking about that interview, thinking what's that mean, despair...but I'm a bit biased because I've read your paper on despair so I just kind of, but I let my

imagination flow thinking, um, when I think about my patients, I'm not thinking about them saying I'm gonna kill myself, now that can come in the despair but that's not reducible to that, yeah, for instance I had my first patient there who was a labelled psychopath and he never really mentioned suicide, he only mentioned it on one of the last session, quite angrily, and he said 'what do you think I'm thinking about every minute of the day, of course I'm thinking of killing myself', but if, I'd seen him, I'd seen, I've seen him for 15 month and he said 'but I had told you that, what do you think you would have done, that rushed around, opened an ACCT and I wouldn't have been able to talk about things.' He was a very, very clever man, very dangerous, very unpredictable, um...I liked him a lot...I did. Um...it was very challenging to work with him, um, I gave him a nickname, I gave him the nickname of Hannibal because of the um, because of the Silence of the Lamb, it was, i i, you, you could see that in, in, in the Silence of the Lamb there's this huge manipulation of Hannibal for, for Starling, is that what she's called, yeah I think she's called Starling. But also there's a kind of care, obviously within the manipulation, care is also part of the manipulation, and I think that exactly what this guy was doing to me, he was my first patient, although I was quite a seasoned practitioner but working in prison, kind of throws you off balance, you know as much as you want from whatever the worried well, neurotic, hysterical whatever but you're in prison, you, you, you are in a different place and that man knew it, I think he treated me OK but having said that, that was with the first provider and that's also something that came to my mind thinking about this interview, I wasn't preparing that much I was just letting things flow. And I, I, and this is obviously a bit tainted by the fact that I also did research on psychotherapist's experience of working in prison and I've interviewed people I've worked, I use to work with and obviously when being now in this position of interviewee I've got the echoes of what they say, they said about their own experience and one said something that I found quite interesting referring to the two providers we have had, I think we were very much in phase and able to...handle despair with the first provider who was a much more open, humanistic, person-centred but also more tolerant...um...provider, the approach was much more...I think in a ways it was much more in phase with despair.

Pause

And I was, I think the patient I was telling you about, this, this kind of psychopathic, ah, I don't like psychopath because, well anyway, Hannibal. Um...I wouldn't have been able to work that way, to work in, in, this is the guy which one day just lit a cigarette in the room, um at that time they were not allowed to smoke err, they just brought in the err, the new smoking policy which guys could only smoke in there, in their cell and I just couldn't say anything, I thought that, you know, that was very challenging. I think err, it would have been terrible with the second provider, I realise now that he just kept scared me that man, so I just err, you know, I just kind of kept him, kept him nice. Um, because his despair was violence a, that was how it was turned, and this is a man who is telling me that you know, that he's got this, a and this is where, I think this is where you can catch despair almost like um, like a shadow of something, he said to me that he had invented himself another life, and in that other life he was um, a fire fighter and he had a wife and children and a house. This was a man that was never could k, keep a flat, slept rough and stuff like that. Never got into proper relationships he just, he just couldn't handle it so that life showed a sign of um...whereas despair, I could say, I can, I could possible um pluralise despair as despairs maybe despaired, I don't know. Um, so I think there was, there are ways that you can just, listen to despair, which are better than others, and I think

the second provider being quite countertransferential, very rigid, very psychodynamic by the book...I, I'm not clear that this kind of people can actually listen to despair. I think they turn it something, I think they pathologise despair, and I think that's why psychodynamic is so well geared to mimic CBT because there's just, it's just another technique so that's the, that's the other thing that came to mind is all my guys, of course I had crises of despair, I had this guy who came in one day in the room with, a razor blade that he just got off his little razor and just say I just can't bare it anymore they've put in my cell somebody who's completely bonkers I'm just gonna do it now here so I'm not clear that's despair, I think it's a kind of acting out. Um, what a story, all my guys have absolutely awful story, there story of loneliness, of miscommunication, most, mostly loneliness really...um some abused I would say, so really for me it was about...I don't know.

Pause

Providing a certain kind of I don't know, careful dialogue I'd say in the beg, in the beginning. Not sure if one could say that any of those guys fully had psychotherapy, I'm not clear. It's too chaotic, I really think it's too chaotic that place to just get a sense of, of it's not supported by the um, context anyway so um, yeah. Worst, I think...

Pause

I think when I, when I would go in, I would be quite humble do I don't remember coming out being really affected, every once in a while it would be because of the bloody policies and procedures that's, that's despair for me. Despair is just you know those people can't talk because if they talk then everything needs to be reported and that is terrible I think actually. You can't go and see...an officer and say well actually you know can you look, after him, but, he's a bit vulnerable, you have to right everything down, make it, a err, a watch, a watch, a despair watch, watch over their despair, we put them in despair but we make sure we watch over them. A, and I think this is perverse, really perverse and the reason why I think this is perverse because now I see it from the outside looking in, um recently in my private practice vie got one client I have been seeing for quite some time who's partner has been incarcerated, its coming up in 4 month now, and huh, it's absolutely awful story and I feel like the despair is catching up with me being outside, 'cos I know exactly what she means, it's like I, it's like I'm there, it, she, he's in a high secure prison a Cat A that's where he, he committed his offence or, and she's, when he got incarcerated she was 4 months pregnant, she's now obviously 8 months pregnant, she's going to deliver very soon and she went, just to, just to give you an example, that make me so angry, umm, when she had the third scan or whatever she asked the, the doctor or person who was doing I, can you write the sex of the baby in an envelope and at the next visit she brought the envelope and she wasn't allowed to open it with him, she begged, she said 'cos she doesn't know if he's gonna come out, he's on, he supposed to be on a tag half way through his sentence, she begged the officer, she said look, she said 'take the envelope, open it yourself. We'll be here' and he refused. And I found that absolutely awful, he got a warning one day, that month, that gives a chill down running through my spine because he touch her tummy to feel the baby, how awful, awful, awful is this and that's, I'm really sad when I hear that kind of story by proxy if you wish, but also I think by having been in, I can catch you know, how this man must feel. The other, thing that I've got a guy who's um, potentially facing four, five years for GBH. He's on a tag at the moment on bail but his sentencing is coming and again, and he's been

incarcerated in the prison in which I used to work, he's been incarcerated for a week before he was released on bail, so there's this hanging over. He's a very young chap, got into a fight, broke a bottle on somebody's head so stuff, so um, so very, it's very scary for him, how can it not be, facing 4, 5 years is a lot so that's the story, it's funny you know how the stories of orison and coming back in my practice which I never thought they would actually, seeing only, you know, kind of, the patients I'm seeing and um, and I'm thinking you know how helpful that experience may be, for those, those people. So um, the last thing came, that came to my, see there was a lot that came to my mind um was that because I did research, there was this guy I interviewed and h came up with that kind of fantasy story about prison being like a school and how happy, I'm just summarizing and really kind of schematizing things but how happy he was to go in how, err, how choppy it was like a boarding school and at the time, the interview itself was very interesting me was a very, very well articulate, well-spoken man, err, academic so really interesting, engaging interview but when I, I was transcribing it, I started to really hate what he was saying and thinking how, how can this be you know, I, w, w certainly not in the same prison, why do you, you know it looks like you're getting off, you know by getting in, I just don't understand and um...and he was telling me all these kind of crazy stories like he wouldn't mind going in being locked up for a week or something like that to write a novel or something. It was just weird... 'cos I've never seen that place like that, I mean I certainly didn't enjoy being here throughout the day, a whole day I just, come 3.30 I think it's getting on, getting on, 3.30 or something I just I was gasping for air really so it was really...but then I found out that this guy was more of less on the kind of um observational bit like when you do anthropology you see, there's a. there's a, there's always this element of going in as a bit of a voyeur...um, a really nice bloke actually but he probably didn't, I mean in, in, in the interview itself he just didn't bring anything, about, well, yes he would have said 'yes of course it's all sad and you know they've committed crimes' and stuff like that but and err, he would kind of counterbalance, with, er, er, er, quite entertaining but really, h, horrible happy story. So um, that's, that's that. I'm not unhappy that I've left actually because I think it became err I can bare...I can bear the stories I really can, I can bear, what I can't is the institution...t, t, this kind of this shimmering, seem to be squeaking and at the same time very routined and chaotic. Um, it's like um, like, like a not good enough mother, so it takes care but...takes care quite badly. It feeds you, but it feeds you shit. So it's, it's very problematic actually you, you know for instance for my patients partner it was due to be released on the 27th of November and I knew that wouldn't happen, I really knew and that's, that's adding and I think that adding to err, unnecessary despair, err, people are just looking up to that date like this is the end of the line, obviously the 27th came and went and she still was waiting for probation services to visit her house and err so now they don't know because that dates been, so it's not being put on anymore work because of the date being, its overdue so and I think it creates, it's difficult to say really those guys coming in, I mean obviously I'm talking about the guys, I've never been in a women's prison but those guys are coming in with broken lives already, yeah, despair if we talking about discontinuity, brokenness um a sense of not being wanted, all this sort of things, so they coming into prison with all this kind of stories really...but I think the institution itself, well.

Pause

It could have a place of mending it, patching it, not mending it, but patching it up. But it's actually redoubling, redoubling that yes it's the same story of bad attachments and, and bad parenting and stuff like that so it really is um, it's not only prison is not only the

pervasion of freedom there's also some, some sort of stuff because obviously its chaotic I mean those guys are, I mean, my patients partner is locked 23 hours a day because of lack of staff, I mean that needs to be taken into account, we are a body in a context. I think we can mend, not tally, I think we can repair emotions, a little bit, provide some kind of scaffolding, providing you have a good enough relationship with other people, your therapist, whatever but when the institution is, seen to enjoy themselves in being chaotic and not really caring when you have only them as a resource and I think that's creating...things that you, you, it's very difficult to counterbalance as a therapist really 'cos you're going in...you're lucky if you see your guys, you're lucky if you see them for the time that's allocated. I was lucky because I'm very strong, I had my room and guys would come as if, funny enough I didn't need anybody going, signing, stay in that room and the guys would just rotate one after the other just like a private practice but if you hadn't had that, if you were, was in a wing that you could afford that sort of booking, if I hadn't had that, I've worked on other wings before, it's just awful. It, you can't see your people, for the psychotherapist you need to be able to see the guys somehow. Landing sessions works every once in a while, in a blue moon you can have a little five, ten minutes conversation because you've got no place to see them. Um...so that's, that's a big issue really, that's a big issue, where do you see them. And I think that's adding to despair. And obviously other people committing suicide, and, and general stuff of life, you know we're doing No Exit tonight so you know, I think this is what it is, it's a room, a prison I mean it's a very interesting play actually, I, I thoughts it how, its, it's also how we are in the experiential group really um, you're stuck with other people. Simple as that. For me that's sharing a nine square metre cell with three other people, that's, that's worth considering suicide. How did they do that, I just don't know. On the remand prison like this, I mean, how did they live with others, others noises, others stories, others television choice, err, I have a lot of time for these guys, I really think that, you know, they must be really strong. I'd lose it, I really would. It's also very interesting how they manage their own little ways of dealing with their own despairs, ones having his head phones on all the time, listening to Radio Four whatever is they were listening to opera, the other was doing some stitching, stitching you know like the kind of fine cell work, they, they, they all had something to hang on to, to look forward to and that's something that you use a lot in the session.

Pause

The little things that stand out, the little pleasures of life.

Pause

So, um, then you, you know to summarise to come back, despair in prison you got, to have hope...hope for a better future, fir you know, something even it's just tomorrow because obviously I had those people who didn't know when they were going to come out. They still you know, they had 14 years ahead of them and that's, that's difficult. You just, you know, you don't necessarily look at the big picture, you look at tomorrow. I remember that guy, one of the guys really, I would say embodies in a way, despair it's that guy I, I mid fifties and err, horrible story really anyway bottom line when I, he approached me on the landing and he started to tell me all his story, right there, right here, right now, there was just, you know, a bath. And he got incarcerated and soon after that his wife who had terminal cancer died, obviously he couldn't be with her, she was somehow linked to the offence and when he approached me his nephew, who was like a

son, he never had a son, he never had children, his wife had loads, sic I think when he took her on, but with her he could never have one because she'd been beaten up badly, domestic violence and she just couldn't have children, I think she went through three or four miscarriages with him and so that would make her really ill, so they decided not to pursue. And, um, there were lots of issues about that relationship and stuff, but they, he had taken on his nephew very close and that guy died of leukemia I think and that really broke that man, really broke him and um, I remember I was saying earlier that I don't remember coming out and being quite effected but that because it wasn't expected, it just, I was going to see him to say would you like to start counseling and then he just heard the news or I, his nephew was at the end of his life or was, I don't, I can't remember which part of the timeline we, you know...and he just offloaded right here with me, and um it was very difficult because I was not prepared, powerful hour you know. Just raw. It was very hard, um, I'd say that with this man, um, I think I've done a great job with that man because where he was coming from was not a good place um, and then he asked for be, at the end he asked for being transferred to another prison where he could do gardening and things like that so, there was this kind of image that producing something that's grows but he had lots of dreams of isolation and um, and he said 'well if I, when I got out if I do ill have a bungalow and I'll have a shrine to my wife and I can picture myself being on my own, not answering my phone', so it was, you know, prison was outside too, but um...yeah I think there's something in me that can combat despair in a way bout who, the way I am because I can be in touch with desperation quite well and I think it's where you've been yourself but, uh, uh as my husband always says, he always says, 'you and I, we're completely opposite in, in the way that we handle sadness, despair, depression,' call it what you, you know depending on the l, level, he said 'you are' what did he say, he said, 'you are, a, a um. a pessimist on the outside but you're core on the inside is really optimistic, really are, um, very positive' and he said 'for me it's the other way round' and it's so very true, so very true. Um, I could moan and groan and feel, but nothing can phase me really, I'm a believer of, I've got lots of hopes, I'm extremely energetic and I think that, that shows in the prison. Whereas him he's always kind of happy go lucky but inside he can just crush, so um, and I think that helps who you are actually, you know,. But not being completely positivistic that's everything's gonna be fine, I think that, that, that the balance of, of, of this and also my own experience of my own desperation, depression, whatever, things I've come across in my um, analysis, I think that helps a great deal, not to be too scared. I think it's about not being too scared. Still scary though because obviously, you know, you have certain kind of responsibility, particular in the reporting, disclosure, all this shit, um, yeah so it's just stay with as much as you can in a prison. It's easier in private practice. In all fairness it's just really easier. 'Cos in prison, it, people...the system, I don't know what that means, it's us I suppose, either cares too much or cares too little, it's just very weird, seems like you can do whatever you god damn please, people can just rot in their cell and at the same time it's extremely controlling, it's very weird. You have that, that kind of 24-hour suicide stuff but its all, all, almost automatic, it works in itself like Jeremy Bentham, yeah, panoptical, it works in itself. It's an empty eye. I think. So really, got to come with a full eye, whether you write eye as an I or as an eye.

Pause

How we doing with time.

Researcher: 34 minutes

B7: Eh.

Researcher: 34.

B7: OK. Well, if you've got questions but I've said everything I've got to say really.

Researcher: OK. (34.34).

H. Leland

Researcher: So how do you experience working with prisoners in despair in a UK prison setting.

L8: OK, how do I experience it. Well first of all I have to think about what um, despair is, um despair to me means lack of hope. I often, I think I often imagine that what I do, amongst the things that I do when I see people, um, is I bring them hope because I do work with a lot of people who I feel have lost hope, or lost sight of hope anyway. Um.

Pause

I, I work integratively so my work, my work is I suppose broadly client-centred, so I use err sort of um, the core conditions, blah blah. F, I find that a lot of my work is to do with the relationship. My experience of working generally with people and also with people who um, I would say exhibit despair have despair, is that they have um, they have lacked positive relationship in their lives, so one of the things, one of the most important things I think I do is I provide a model of a positive relationship, so that's a relationship that gives them a space where they feel safe to explore everything including their despair. I'm thinking there's two particular people I suppose I'm imagining when I think of working with despair, 3 actually, there are three people I think about when I think about working with despair with people. Um, I suppose what I f, what, I often wonder what I do in the prison, what do I do there. Um...well hope yeah, I, I often feel that I bring hope. What, I, what I seek to do I suppose is to encourage people to live authentically. Now what, how do you do that, well it seems to me that in order to do that you need to know how you live your life, what you've done, how you work, where your emotions are, how your behaviours have, have led from your feelings you thoughts, you, your emotions. Um...and to seek honesty in that endeavour. A lot of people aren't very honest you know I, I attempt to be honest. Err a lot of people aren't, don't seem to have a very honest view of what've they've done, who they are. Sometimes it's too painful for them to look at that, sometimes they've never had the opportunity to look at that pain. Um, often they will self-medicate in order to avoid looking at the pain, or, or, to dull it, to numb themselves. So what I seek to do is to get them to look, and that can be very difficult with despair because despair seems such a powerful, negative force. If despair is the lack of hope...then that brings up some very fundamental questions it seems to me because we're all gonna die, we're all faced with those existential givens, excuse me. I won't answer that. We're all faced with those existential dilemmas an, it's how we naviga, navigate through those, that allows us to continue day after day. Now despair seems to me, giving up hope that there is a reason to navigate through those waters. People in prison are often faced with, that that well they are faced with the consequences of their actions. And when I begin to look at their lives, um, they struggle, they often struggle. But they can come, they can come through that, I think that's why I, I feel a lot of work needs to be medium, long-term because that's a, a long process that requires them to go through various stages where they, where they acknowledge something about their lives and then they begin to take responsibility for their lives and that responsibility may allow them to begin to be empowered and empowerment is, seems to me the feeling of not hopeless, it's, it's almost like the antidote to hopelessness. You feel you have some control and that you know it may be an illusion, you know we can talk about how much of that may be an illusion, we're all gonna die, you know at some point the thing that we're on is gonna spin out of

control and the sun will blow up blah, blah, blah so there's a there's a long-term sense of hopelessness, we're all gonna die. So I often find myself talking to people about, you know, I'll often start, I'll often find myself early on when I'm trying to understand them say here is, this is your birth, err and this is your death um, what happens before that or after that. And I'll get them to question and I'll often, they won't understand or they may bring in some religious um perspective to that, the person I'm thinking about specifically was someone who, err, them, err, there, them, they were brought up by their mother, the, they didn't know their father, they were mixed race, they were a serious self-harmer, um, they um...they were um, excuse me...they were diagnosed with, um, I think antisocial and paranoid personality disorder. They were an IV drug user, um, they had been in and out of prison most of their lives and had had um, periods of um, keeping it together, having a job, um. But they had, he had found his mother dead and um, it was like as he got nearer the age that his mother was when she killed herself, it seemed to get, it seemed to, you know, it seemed to get more and more intense and worse and worse and worse. I, I suppose what I attempted him to, to do with him was to get him to acknowledge his part in where he was, the choices he had made, the conclusions he had reached that led him to where he was, um, what I seem to be good at is listening, talking, being with people. Err and being real and, and, and that's not something that people generally and often people in prison experience. Um, so we on one level we seemed to have a good relationship, he sought me out, he wanted to come, he came as often as possible weekly and he would be there, he would be struggling but he would still want to sit in a room with me, err and in some ways that's enough, and I'll often say to people 'why did you come and sit in this room with me, so why do you come here then, what do we do here, what is it', you know, 'oh I, I feel, you know, I feel better when I come and talk to you', 'well how do you feel better, what is it about this'. So I try to get, you know, I try to de-mystify what's going on and I try to get them to engage in the relationship, in a, in a, in a certain sort of way. He would come, he would come regularly but I knew he wasn't telling me the truth. I knew that he was lying, he wasn't telling me the whole truth.

Pause

The problem with people in prisons I find...often I'm thinking of this person particularly who seemed full of despair and hopelessness was that he was described as being manipulative as a lot of them are, 'he's just being manipulative, he's attention seeking, his cutting is attention seeking.' I, I, I try and, when people say that to me I say, 'well actually I like to describe it as attachment seeking' to turn it round and that's what he seemed he be doing, he was desperate to attach. Now he trusted me because I didn't bullshit him and I didn't bullshit him because I didn't have to, I didn't have to coerce him to do anything particularly. Prisons are coercive institutions, you know, people are constantly being coerced. Relationship, attachment, err, manipulation, authenticity that's sort of things that have come, words that have, you see what I mean about butterfly mind. Is that alright?

Researcher: Great.

L8: So thinking about this, this man, he. I remember going over to a wing office once and he was, he was on a wing and it wasn't the best wing for him to be on, it wasn't the wing where he could be err, monitored, he was on an ACCT document, he couldn't be monitored very well. Um, I remember going over in the wing office and saying, mentioning his name and saying 'blah blah blah blah' and there was half a dozen officers

in the wing office and, and several of them went 'huhuhuh so and so, pain in the arse, manipulatively, um, why do you want him to go over to this', there was, there was a wing I wanted him to go on which was sort of um, it's called post b numbers, it's the newest wing in the prison, um, they said 'we can't possibly, why should he get special treatment' um...And I said well 'I can see how difficult it is for you to have to give anyone special treatment because you have to be even handed and treat everybody evenly but some people need to be, you know, you have to differentiate the treatment for some people, some people do need some sort of things. And I, so I fought for him to go over to this place and um, I was trying to work out, you know, w, what were my motives here, was I getting too involved, blah blah blah. Um, I think I, thought this guy was gonna kill himself and I, I think in my mind my part in this was I feared that he was going to be the first person that I worked with who killed himself. And basically his behaviour did spin out of control, I managed to get him on that wing and then he, he messed up, he was lying to me, he was, he was, doing, he was, he was self-medicating within the prison, he was getting in debt and some people put contract out on him so he wouldn't leave the wing and because he wouldn't leave the wing, he had to be working to be on that wing, they moved him back to another wing um which was even worse than the wing he had been on previously, so I could see how you know, I'm aware of the rescuer-persecutor, um, victim thingy...dynamic. I was, I, I, I try and remain aware of that because I am aware of my, my part in hopelessness, despair, is, if I can get this person, if I can get them to, to have some hope, then I do it in my life and my life isn't devoid of, of hope and my, my, my despair is dealt with in helping that person. So, I'm aware of that dynamic and this person span out of control until he got onto this wing and he was self-harming and the officers, the, err, were finding it very, very difficult to deal with 'this guy's manipulative, he's a rrr...' and he self-harmed and his self-harm increased to a point where we couldn't keep him in the prison anymore, we don't have 24 hours he, healthcare and our prison is 45 minutes from the nearest hospital basically.

Pause

So, I, I decided, I, I said that I thought he should be moved to this prison, we, we have a bed at a regional prison that's some distance from us but it has a 24 hour healthcare and that's where we send people who are very ill, um physically in danger or mentally, you know, need 24 hour healthcare basically. So he went there and I, I went there to see him, I got permission from my manager to go there every month and keep this therapeutic relationship going and I was convinced, part of me was convinced that he was gonna kill himself and err. That was quite difficult I suppose because I've never, I've never had a client that has killed themselves and I can imagine the voices that might be activated in my head telling me how useless I was, that I wasn't, was unable to save him from um death or his despair and that touches my, my sense of hopelessness and despair, because I, I've, you know what, if, if anything what my work has shown me is that I'm doing this as, almost as much for me as I am for them. And what I, somebody asked me this once, I was with a client a few weeks ago and they said 'why do you do this, why this, why are you here sitting in a room with me then', err and I told him, I tried to, I attempted to tell him and I said and part of my description was 'if at most I'm doing this 49% for me, that is the most I will ever do for me, but this relationship is for me as well, because a real relationship', I believe, a therapeutic relationship has to contain the possibility of both people changing otherwise it's not a real relationship, um, so, when I talk about, when I talk about despair, when I talk about my work with people who are desperate I am as much working on myself through them, hopefully I never get past that 49%, so there was

this man, here I am jumping about again, there was this, this man who was err, a lost cause as far as other people were concerned and he was sent to this prison you know with 24 hours healthcare and I would visit him and he would always be pleased to see me, he would, he would be bandaged up, he would be self-harming, I would err, the psychiatrist asked me see me and I spoke to this psychiatrist...I would try and give him my take on where this guy was and what was happening for him, um, this man told me a couple of times he, he, one day he said goodbye to me and he said 'look I just wanna say goodbye and thank you ver, you know thank you very much for all the work you've done with me'. And the way he, just the tone of voice and the way he said it and everything, it was him saying goodbye and I said 'what are you what are you saying to me, it's sounds as if you're saying goodbye, its sounds as if we're never going to meet again.' And he said 'I don't think he will' and we investigated this and where he was reaching up out of sort of despair which was as close as he could, he was going to kill himself, any opportunity he was going to kill himself and I said to him, 'well you know I've got to talk to the people here you know, I've got a duty of care to you, I'm going to tell them what you've said to me I'm sorry, um, because you know I have a professional duty, err, I respect your right to want to kill yourself or to end your life or to kill yourself but I still have a professional duty of care, you know', um. He understood that and he went back to his pad and I told them that, the staff then I'm just trying not to, name the, name the prison but I suppose you'll keep, you'll that out won't you

Researcher: Yep, yep.

L8: Um. And I was I felt very con, I felt quite confused because you know, I talked about my process and how it is involved when I get involved with a human being, our processes touch somehow and there's an element of love you know in, in that sort of um gate connection to another human being but I'm also aware of boundaries and I'm also aware of manipulation now this person was manipulative, you know it seems to me we're all manipulative. Err the more the disempowered you are, the more obviously manipulative you may have to be or cleverly or subtly manipulative you, you have to be in order to get some power in the situation. He um, he had told me this and I was trying to, what is he telling me, you know, what is really going on here. So I told the staff and I went and I, and I felt terrible, I thought he's gonna kill himself, but he didn't kill himself. I went back there the next month to see him and he was still alive, he'd self-harmed and he'd cut himself and they were talking about moving him to another prison. And what happ, what happened, and I had, hadn't thought about this 'til I'm, I'm telling you this, it's sort of, it's coming to me as I'm telling you this. I had forgotten all about this. One of the mental health nurses that works there said to me, 'could I, could I have a word with you in private' and she took, she took me into this and she said 'I've got a real problem here, um, because of what this guy used to say, he would be saying 'no they don't understand me, they're um, they're lying to me, you know, they're manipulating me, they're doing all these things me to.' Now this nurse said to me, 'err, I've been talking to you know, I've got a relation with Mark because I've been talking to him and she, she used you know counselling and therapy too as well as being, she was one of these sort of left-wing mental health nurses you know that are actually, um admitted to the, to the possibility that therapeutic intervention might be more helpful than just whacking drugs into them. And she said 'I've got a real problem, I've been ostracized by all the staff here because I've been working with this man, they say he's manipulating me and he's um', not grooming, what do they say that thing with prison officers, there's a word, can't remember what it is where you know you're trying to manipulative into the situation where you can do

something, take advantage or something like that, grooming let's say, err, err, um 'but the staff here, are horrible to him, staff here lie to him, they taunt him, they do all sorts of things to him' and I had a long conversation with this woman she was desperate, she was saying 'I may have to leave here because I can't stand the way that these people are punishing him for what he's doing', um, and of course that feeds into his sense of despair so there's a, a, a way in which of course, he makes his world as it is 'cos he's cutting and he's doing um, he has been extremely you know, this is a man who could be extremely violent to staff, um. She has made a connection with him and had found that, that damaged child if you like, you know, within him. Um, all these other people, all the other staff had not done that and saw him as this big, he's a very big um, he looked like a v, just a very big black man so I, whether there was any racial things about it I don't know that's, you know, I'm not gonna go there but he's very physically imposing and you know, f, you know, lots and lots of self-harm. Don't know where I'm going with this, is that alright? Alright. Um, I was quite disturbed about this because I, I find that there's, there's many processes going on in the prison, one of them is the way that um, people in prison, prison is thought about by a lot of people as a dustbin it's, it's on the edge of society, so we've pushed these people in there, we've demonized them and then we don't have to deal with those aspects in ourselves. Not all, not all prison staff are like that, err there's some great prison staff but a lot are like that i, in my experience. Um, they're not doing their job because they have a desire to do the job um, that they need a job and they're often living near a prison and it only work and they resent the job and they resent the people in there. So there's, they're bad, they're evil, they're wrong and they're manipulative and they pushed into this, this place and be, if they do that they don't have to deal with that part you know to an extent they don't have to deal with the that part of themselves. Now that happens a lot and, and whilst working in prison I, I've become aware of my own processes I suppose because that's what I do and I, I need to become aware of those because they're my tools you know, my own self-awareness if really, really important when I'm dealing with other people, um. And other people don't necessarily have that um, ability to do that, where am I going with this.

Pause

A lot of people, this man for instance understood this, he knows this, he can see how other people are to him, he can see the lying, he can see the manipulating, he can see how the staff behave. Um and it reminds me often of how children grow up in a family and they're very aware of how their parents are talking, how they're lying, how things are not said, there are so many things under the surface and in the prison, the same thing happens so that lack of awareness of process, they're, these people are punished again and again so he would be punished and that would just confirm his world view and feed into that sense of despair and hopelessness that nobody would ever understand him, and yes he has a part in that and yes he would take drugs and would self-harm and dig, keep digging this pit so it would get deeper and deeper and I think there's a sweetness about a sense of despair, there's something that's very clawing and, it's you know, it's almost err, it's it's you know, better the devil you know type thing you get use to thinking that, that, it's a way of seeing the world and I...I've experience that despair in my life but now what I do is I go into the prison and I, I deal with my sense of despair through working in the prison with other people who exhibit despair and I suppose I can measure um how I deal with it by how I deal with them and whether or not I can you know, persuade them that I do bring hope into the, into the work.

Pause

I seem to have come to a stop. Um so yeah, so that's where I've gone with that, hope, despair. There's another person I'm thinking of who, I, I, I saw for about a year and a half, he'd been to Grendon, he'd, he'd, he'd gone, he'd had lots and lots of therapy... And he... I think he'd reached a point in his life, he, he was a heroin addict, he, he'd got onto the methadone programme and then he'd come off methadone and what, er, what happens to a lot of people it seems to me also they get this sense, it's a sense of, of their inauthen, inauthenticity, it's a sense that they're not, they, they, they describe it as, I don't, you know, it's, this isn't me, it's as if there's a bit of them that that, they're looking to you know, it's a bit like the, the, the sort of Rogerian thing of you know, individuation, and as you plant the seed and it grows. Well for them it's an awareness of that, that there's a part of them that they've never let grow, err and maybe an idea that if they could let that grow then things wouldn't be so hopeless. So they've used, this guy had used drugs, he had, he had a childhood of sexual abuse, um all sorts of abuse, err, he's got, he'd grown up, got into criminality and using heroin and he'd decided, he could see he was stuck in this downward spiral and he, and somehow he had managed to pull out of that, um, perhaps through seeing me and that awareness, I don't know, I wouldn't like to take um, all the kudos for that. He, um, he'd decided anyway to stop taking the methadone and to, to really look at himself and change and of course when you do that, you get in touch with all the amazing things in you, about yourself, but you also get really in touch with all the, the, the dark things too, I think that, that moment it's quite possible to really get in touch with despair that you've managed to self-medicate away. So at that point he was faced with, no, with reality and authenticity and I think it's really difficult to, to, live w, like that. Especially if you've, if you've managed to avoid it most your life so he... he, he carried on going for it and he tried his, his best and he was working on the farms and he wanted to go off and do a, become a tree surgeon and turn his life around. And then one day he didn't turn up for his session and err, I said, what, ff, I tried to find out where he'd gone, he was done the bloc, so I went down the block to see him. and he said 'I've been stitched up, there are, there are officers in this prison who never liked me and they stitched me up. They said I've done something that I, that I haven't done.' So you know I go round and I talk to other members of staff and I, I have to be very careful 'cos I'm the pink and fluffy therapist, err and lot of, a lot of staff see me like that as you know, they are there, the security is paramount so they, they come from this angle and I come from not a directly opposing angle um, but I come from a totally different place, I'm where, where I'm dealing with people, I'm looking to, I'm looking to um, interact therapeutically the, you know, that's the main thing, the, the therapeutic aspect of my interactions with them, whereas the oth, they clearly um, security is, is the paramount aspect, I'm just going to put some coal on the fire.

Pause.

Could you pause that please, is that OK?

Break (participant requested).

Pause

So I was, I you know, this was a guy who, who had almost given up, I felt had giv, almost given up several times but he'd made a huge effort to change his life around and what

seems to have happened was the system still tore him apart and I, to, to this day, he's no longer in the prison, to this day I don't know whether he was telling me the truth or everything I heard from the prison and the system was telling me the truth. He swore to me, he swore blind to me that he hadn't done what he had been accused of doing. And then I'm you know, where do I go with that so, um, at this point where I, who do I believe you know where is the truth um, and it's, in a way it doesn't matter but in a way it does matter, you know, finding the truth of, of what's going on is really important. And he went from the prison and I don't, I don't know where he is now and I've not heard from him, he said 'I'll write to you' but he hasn't written to me, um.

Pause

And you know, he, I don't think he's killed himself I would have heard if he'd done something like that but he you know, it seemed to me somebody who had, had really tried and then...when I last spoke to him he, he, he was resigned, he, he, he wasn't despairing but he wasn't far off from it because he was saying to me you know, 'I've done all this...and I felt I was that far away from changing my life around and doing something worthwhile and becoming somebody I'm capable of and this happens' um, you know, if that, if that doesn't lead to despair and a sense of hopelessness, i.e. whatever I do, it means nothing, whatever I, whatever I do, the sum of everything I do in the end is dust, you know. So sadness you know a lot of sadness about. Um, OK.

Pause

I'm, I give meaning to my life now by working in the prison so my sense of despair and hopelessness is being dealt with, I work on, I work in this system which I think is shit. Its human beings do what they do best which is fucking everything up basically. Um, self-seeking, self-aggrandizing err all sorts of, all complicated pr, their, their processes get enmeshed with other peoples in a huge system and it's like a big rusty machine that crushes people. I, I deal with my sense of despair by feeling that I make a difference and by touching other peoples sense of despair, well I know that I can get low and feel that, you know, this isn't, like, like pushing a, a, rock up a hill. But more often than not I come out of our session feeling... a sense of hope and that's my sense of hope as well as perhaps there's, but I'm, I'm, I'm owning this as my sense of hope that something could can come out of this. So I'm very aware that um, I can't separate working with despair from my own sense of despair. And that, I hadn't thought about before I started talking to you actually, it's quite interesting, I like that, it's quite nice.

Pause

Um, yeah.

Researcher: The only question that came up for me was how you cope with what, what kind of things you do to help with in the work with despair. Whether, where there things like supervision or anything you've found helpful.

L8: My supervision, i, is, is pretty good, I have a slight problem with it in that, um, the person that's supervising me is not a psychotherapist or a counselor, um, he's a primary mental health work, cognitive behavioural training and a mental health nurse and he's a, you know he's a really good guy and the superv, our supervision sessions are good, but, I

have a sense of it lacking, it lacks a certain um, awareness from his part that he's not able to bring to those supervision sessions so actually talking about what I've just talked about is quite difficult, taking about those real, um, my own processes within the work is difficult, um so I think I would, I would welcome and that is a possibility I would welcome that. I know nagging away in my own head is, is I should go, I should go back into therapy, I haven't been in therapy for so and so, you know, so many whatevers, you know and I can rationalize either doing it or not doing it. Um, I feel I have a reasonable amount of self-knowledge, I have hundreds and hundreds of hours of therapy throughout my life, so I have a reasonable amount of self-awareness. Um, my wife is, um she's got an incredibly fine mind um, talking through things with her tends to help very much. Um, walking the dog and physically activities are a way of processing it, reading and yeah, I f, I feel very much like this is a really important process for me, you know I'm learning masses, I learnt masses about myself every time I sit in a room with somebody, every time I'm working. And it, you know, as long as it's only 49% you know, I, I think that's really that's that my sort of um, rule of thumb, that's my you know, I, I try, I remember that you know I'm there for me absolutely and it seems to me, I think when I first came across that as an idea I think I read about it before I actually perceived that as, as a reality. Um, and I found that quite frightening, err, something ultimately selfish about that but I've since looked at that and I think that's is not um, it's not selfish at all, and anything selfish it seems to me very, very important you know and that, and, and that that enables me you know, to, to work with people, that awareness of, of you know it's the Jungian wounded –healer thing, that awareness of my humanity and in terms of what we are talking about specifically my despair, it's, it's present in the room and I'm sure people understand that, a lot of them understand that on some level then that's my ability to be real, and I don't ever say that I don't ever say 'you know I, you know, I've been there, yeah you know, I understand exactly what you're feeling because I've you know, whatever' it's, it's sort of, I don't believe I've ever brought it into the room um, explicitly, I can't think of a time when I have, that, that could be unprofessional. It's not I don't reveal things about myself but before I reveal them, I've got this little check thing, of why am I doing this, why am I telling you this, is it for the relationship, is it only 49% you know I've always got that 49% maximum, um, I think that's important. What's the question you asked, did I answer the question?

Researcher: Mm.

L8: Yeah Ok.

Researcher: Yeah.

L8: Ok good

Researcher: Kind of what you, what things you put in place to help you cope with the despair.

L8: Yeah, and people often ask me this because people go, 'oh', um, I also realise that you know, there is a, there is a, there is a vampiric part of me, you know, as with a lot of people, a way in which I gain energy, you know I gain energy for me because I think, and I've always done, I've done this throughout my life. You know I was a musician you know, I used to, I, I use to, I, I, I minimize it but I used to love it. Err, you know I, all the things I've done in my life have always been things I've enjoyed doing and thought

worthwhile and, and I really get a feeling of something of self-importance because I do these things so people say 'of you, you know, you are you are a therapist in a prison, that must be amazing' and there's part of me that just sort of just goes 'yeah it is, yeah I have yeah, yeah it's really difficult sometimes you get terribly' so there's a part of me that um, is gains energy and power from doing something that has some, sort of emotional and psychological status. I'm very much aware of that, um, I think, you know, I, it seems to me that's fine because, err, you know, I, I don't want to be a do-gooder you know but I want to do good. You know. I, I that it seems to me that, you know, I, I, I'm holding a candle, it's always gonna be dark but you know, I've got to keep that candle alive and its, you know it's like a home for that and it brings it bit of light, light will never destroy darkness, but it you know, but, but, but the game goes go. A lot of people in, in prison um...have such I think they feel, they feel a sense of, a lot of people feel that sense of despair because they don't understand themselves because they, they honestly don't understand what's going on and if they're given the space to explore what is going on and what their part in it is, then actually despair is put into context and, and then they can go there for a while and they can use despair to do something, keep them there, um get them closer, get them to death a bit sooner um, get attachment or attention, they can use that feeling of despair as most people, when, when, when, when they show despair, are faced with it, they turn away from it because it's too scary, because it resonates with them and if they haven't thought about it or dealt with that they can't, you know because it would destabilize them, like a, a like a lot of powerful emotions, it will destabilize...you know the foundations that most people's lives are built on are really very shaky, it doesn't take a lot to kick those foundations away, despair is a powerful, one you know, that sense of, of loss, over a lot of things that are very powerful you can, you can pull away that and leave people struggling as they fall and when they hit the ground they just keep going.

Pause

Researcher: Is there anything else you wanted to say?

L8: Um, is there anything else I wanted to say, I don't know really, I didn't know what I wanted to say in the first place really. Err, I tried not to rehearse what I was going to say because I, I, I'm, I thought that that was sort of missing the point. An what I found, in, e, in talking to you um, this is what I tend to do in but my wife doesn't work like this at all I mean she often sort of has a, has a joke at my expense, she says I work things out by talking about them so, so I, I, I talk and I listen to myself talking and it's as if I, I sort of go somewhere and that that's what happened today. I have no idea what I said today, actually. But I know that it, it's, it sort of grew, it just sort of seemed to come from that initial um question, which seemed to be the point of, of what you were asking me really. Um, so I just talked and I allowed myself to say whatever came out, I didn't sensor it or err, I didn't try and find meaning in it before I said it, I just said it. Err It's up to you to find meaning in it I suppose. And if, if I get to read it I can find my own meaning by reading it. That seems to make sense to me, that seems to be how life works really. You know, we all, we, it all seems to me that we all, it occurred to me a few years ago um it sort of hit me quite um, starkly that I never realised but everyone makes it up as they go along, you know I thought, I didn't realise this. I thought of presumed that something was, there was a building we all had to inhabit but it's not, it's being built all the time, it's being made up as we go along so that means it's really up for grabs um, but I grew up quite late in my life I think I tried, being a musician is a bit like trying to remain a child err and I see that in a lot of my clients, trying to remain childlike, um, is very, easiest to

go when faced with despair that's a great place to go, and I'd go there and I'd play and I'd make my own little world that didn't contain despair, contained testing and um, maybe some good and evil and power, but it didn't contain despair because there was always um a boundary, really um, and since I've grown up I've realised that um I've just made those boundaries and they're not particularly there um, despair well I, it's a bit like, it's a bit like happiness really, it's um, it's like a byproduct of something, it doesn't exist in itself, it's, it's because of something else it seems to me, bit like shadows don't exist they're just the lack of something...Just like a shadow because it's like it pulls us there. Ok? (14.07).

I. Jenny

Researcher: So how do you experience working with a client in despair in a UK prison setting.

J9: Ok. That's. When I read the, the stuff um and sort of, well obviously, went back over the people that I'd worked with and one person in particular came, two people in particular came to mind. One who himself was in despair and that was, I, I can't recall him actually using that word but he was, he was um, struggling enormously with issues around his offence and he was convicted of a child sex offence and it wasn't the actual um, perpetrating of the offence that's that was so troublesome for him, what was very troublesome for him was um, the relationship with his girlfriend who was a, a co-accused, um, is, issues to do with her, she didn't get a custodial sentence, um, and the fact that it was reported in the paper and he was very, very troubled by the fact that it was reported in the paper. As we worked through stuff, I saw him for, er about 8 or 9 months and as we worked through stuff a, a phenomenal level of emotional deprivation came through with the interview and that, that, I, I, I, that was, that was...he reported it in quite, um, he had a very, very quiet speaking voice, and reported it all very quietly but also quite a flat, he didn't get into the emotion of those experiences, of it as a child, um, which, which were around almost no family contact, living within a family house but eating all his meals on his own right from being a very little boy and having very, very, very little emotional sort of contact within his family and then he had a lot of issues with um, food, a lot of problems around food and eating, what he could and couldn't eat and um, that was a, a very troublesome thing for him, and what he started off by saying he wanted most of all was to be given tools to block his emotional responses and you know, clearly we'd worked with that not being what counseling was for, quite the opposite but and he, and he kept coming um but he, he very much wanted not to experience those feelings. So that, that, that was somebody who was you know who did, he was in a, in a very difficult place emotionally and found it very, very difficult, um very bleak a huge amount of shame which he didn't, the shame was around the public exposure for him, um and then he didn't kind of relate the shame that he felt to his sort of earlier life and his earlier sort of, you know, his deprivation.

Pause

But then, the other person who came to mind was somebody who, when I first started working with him he was on and ACCT for some quite superficial self-harm but I know that sounds quite judgmental but it was physically superficial and he hadn't got a history of self-harm and he didn't carry on doing it, um. And I, one of the things that I experienced when I was working with him was an awful lot of sleepiness, there are times when I just found it almost impossible to stay awake and, and you know, obviously worked through a lot of that in supervision about what that might be about and how I might sort of deal with it and things and, and eventually the best way um, that, that there was a phrase my supervisor used about him this, this man having a strong psychic presence and as soon as she said that I sort of thought pfft, that is absolutely right and then I was able to through visualization stuff really kind of armor myself more and then whatever it was and it remains totally unvoiced this stuff, whichever it, whatever it was that prompted this total withdrawal of me which made me just want to sleep and it was really hard to not sleep sometimes, I used to think I wonder if he notices, I wonder if he

actually knows I'm just almost, I'm really fighting to stay awake in this situation so that, incredibly strong sort of content which wasn't voiced, um, you know once I'd kind of able to sort of really visualize keeping a really strong barrier with myself then I didn't, I didn't get the sleepiness and also then what happened this that I responded in a much more alert and lively way to him and that really shifted the way he was then able to um, just, just be a lot more kind of definite about where he was at and what he wanted to be. And so, when, you know, when reading that stuff and with regards to the question those two are really strong experiences, the one guy who was in despair and in a, in a, in a very fragile emotional state, he ended up um hearing voices, um, he the first, the first one and he ended up, um, had to, err, err, err, though, through Majorie and through the, the coordinator thing of the counseling service instigating a security incidence report because he was, I felt genuinely and really murderously, have murderous intent towards his girlfriend, he wanted to kill her and that's, he had voices in his head and a lot of stuff going on really, um, and, and, and, so, and he was coming up to release so clearly that needed to be um...

Pause

Err...mentioned. And then the other thing that does come to my mind also is my own experience of what working in a prison and I've, I've found that...what I've found, I, I went to um, I started in March I think and then um there was the prison services err, Counselling in Prisons, um, conference in June in York and I went to that and, and I, I found myself really surprised that there was, maybe this had gone, been gone through before or whatever but there's, what I had wanted to kind of hear and wasn't there was around um, the experience of working in prison so the sort of physical experience, the sensorily experience, the experience of, you know the cla, clangs and the bangs and the doors and the smells and the stale air and the coldness and the, you know, j, just the, and enor, because Shrewsbury is a very old prison and, and I, they, they were really struggling it was a really, really cold winter and men were really cold the sort of heating almost didn't work and the, the tiny sort of brick cells and you know, it was cold, very, very cold and I was very, I was very impacted by a lot of that, and I was very impacted by things like um, err, th, the way that, for some, staff in the prison, calling people Mr so and so was a, a sneer rather than, than anything and I felt and then quite often people wouldn't and they would call them by their surname only or they would, um, refer to them in some sort of derogatory way and I found a whole range of ways that people were dehumanized and I that, I found that quite difficult, and I found the whole experience of, you know, the word beauty and was, was strongly featured for me and always does when I think about it, the total lack of beauty, the total lack of beauty in the prison, just really just did have impact on me and I thought as, the, the, the very grave difficulty I felt, sort of, of the task that we were involved with as counselors to, to get people to en, engage in this very difficult process of opening up and being emotionally open and, and in contact with, you know, difficult stuff, such a barren situation where there's so little other comfort and, and stuff around I just thought this is, this is an enormous staff in this hugely sensorily deprived world, in one way it's a very sensorily deprived environment and in another way there's a bombardment of quite nasty stimuli you know, so it's, it's, in those respects I just found that quite hard and what we were doing was quite hard so I wouldn't say I felt despair but I did think that you know I, you know I had response obviously to being in prison and yeah, that sometimes you have a response to what you're hearing, the content of what people have got to say but the whole business of being in prison and, and what, what isn't spoken about, you know, so you know so how difficult it is on all those,

those kind of levels. Yeah. That's my response. Off the top of my head right now. Do you have further questions to ask or if this sort of the idea that I keep talking?

Researcher: Either, or.

J9: Either or....I think I've come to the end of my initial sort of response. Yeah.

Researcher: OK.

Break (participant requested).

Researcher: So I, so I heard you say two things really, partly about despair in the work but also maybe the despair of the setting.

J9: Yeah

Researcher: Is that right?

J9: Yeah

Researcher: What I was wondering what, what do you see des, what do you think despair is, what do you see as being despair?

J9: Um, what I would see it being...is a, a large amount of hopelessness, um a sense that there isn't...yeah I guess I would see it a, a lot around hopelessness, lack of things going to be different in the future, o, o, or lack of sort of feeling that there's a point to doing stuff which might change things in the future. And, um, then there is also, um, a, b, I had a very well, I found it personally interesting line of thought um after seeing, an, one guy came just for a couple of times, um, and he, err, was in there because of drug offences and he was, Shrewsbury still has some function of being a bit of a local, local prison so he was there for that and in the course of that he, he had been through some twelve-step treatment a couple of times actually and was in a position of really acknowledging what he had done. Um, and he had done some quite ghastly things to his own family in order to get money and stuff, um, and I, I went away from that thinking a lot about how, how do we cope, people, any of us, with, with regret, where we're actually in a position thinking well I did do that and I did take, you know, it's my, my responsibility I did that and we've all got those things and then I got into a great lot of thinking about lamenting and we don't do lamenting in our society and I got, I got into reading about lamenting and thinking that maybe doing some actual real, you know, er, in a sen, you know getting into the real Gestalt thing about sort of whaling on the ground and stuff, I thought, you know, might be, might be an interesting thing to do, um, so in answer to your question about what is despair I guess it is that thing about being, having a lot of stuff like regret things which you can alter anything you know, you've done something and you can't alter the fact you've done it. That's, that's happened in life and, and um, um, and then, err, then there are circumstances, particularly when people coming up for release where they have very little um knowledge and control about what's going to happen, so where they're going to live, and it sometimes it's very last minute before people know what their conditions are going to be and just don't know where they're going to live and so all the sort of things which have propped them up in life before the, had the, had not liked to be there, if it's not in their home town and things and there might be very good reasons to

you know why they're not in their hometown but, but nevertheless it causes massive anxiety for people. So, I would say there are times then when people were feelings despairing and I guess that part of the content of that then would be around not having control over things like where you're going to live and who you're going to live with and whether or not you can see family or whatever all those kind of things really. So it's yeah it's quite a mixed, quite a mixed thing. But I guess it will, sort of fundamental thing about not having a sense of hope and possibility and all, those kind of things.

Researcher: Possibility?

J9: Yeah.

Pause

Researcher: And in, in the work that you spoke of how, how did you respond to the despair in the client?

Pause

J9: Well with the person where it was um, spoken about and he was talking about, about feeling like that...um.

Pause

Well I guess, I mean it, it is that, that thing about, the sort the juggle of, of empathy, you know an empathic sort of response about you know I can really that or I can really feel that or I can, you know that really is how it's, you know, is it like this or is it like that, um, along with not wanting to, um, become too kind of confluent so the two sort of, you know, two, much about it, and you know, be in, in, in that position. And a, it is also difficult, I mean, it, in any counseling you know the session comes to an end and somebody leaves, will walk out the door, and their you know going into whatever life their going to, but its exceptionally difficult in prison, peo, people you know there's such difference, you know, it's a very you know I always a visual image where we were working we had these little rooms, off, off the er, bigger visits room so people would come in there'd be you know two or three guys coming together and they'd be phwoar, tutting and judging and you know being the lads together and they'd come in the room and then they'd drop into that sort of space if they'd be working for a little while and then they go out and it's just the minute they get to the door, the demeanour changes and they're sort of up and they're you know, they're the guy in prison again. And um. So it, it, there also find the sessions quite a difficult thing and then the sessions were very observable there's you know open windows so the chaplain can see you know for perfectly good reasons but it does mean that, that doing things like crying is just very difficult, it's very difficult um, and so it, it is a difficult thing you know, I think it was a difficult thing and with the guy that, where it was just, un, un, out of awareness, unvoiced sort of stuff, um, that was difficult I mean I, I that was just a constant thing about me trying to sort of hang on in there really and keep aware and keep you know wondering about what was going on and not get heaped by somebody who had massive, content, bleugh, bleugh, endless detail about what was happening and what had happened and what was happening with his appeal and what was happening rrrr. Lots and lots of detail so it just, keeping, keeping some kind of um, focus with all that's going on. Yeah.

Pause

And it is difficult, I mean we, we had...cat? Hello? Oh. Well I mean there's change over, there's theoretically quarter of an hour between clients and but inevitably after this and that for one reason or another and just that little bit of period you need between people, you know, especially if you've been impacted by what people have said one way or another that's, that's quite a difficult sort of thing as well. You have to do that business yourself I suppose if you're just phew sigh but that's yeah, so I', not, I wouldn't say that's about despair about that but actually being able to process and put away one person's stuff enough to sort of then be open to the next person its um, you know, if there's not much time it's difficult really.

Pause

Researcher: And what things, I think you've mentioned one probably but what others things did you do to put in place the help you do with the despair.

J9: Um, well, I mean that yeah the one supervision from that is talking about particularly sort of um...so the supervision clearly is very important um and because I was doing the training I had to have a Gestalt supervisor so I saw somebody um who, and then Majorie was always available for you know, if I needed you know to check out something in particular or sort of just be clear about something but, that's another person, so supervision is important obviously. I used to part of, part of the kind of the ritual for me of going there was catching the train, so I catch a train from Glendrgyl where I live and it's sort of an hour and a half or hour and three quarters journey, very early in the morning so that actually was part of it and I used to read a bit of, sort of course reading and things so I'd spend that time getting myself into that state of mi, you know state of mind, so that was quite good for me I didn't have to rush, or drive or you know, get in a tiz in any other way so it I was able to arrive, in, in a sort of focused state of mind so that's, that's important. Um, and then you know the, um, actually just physically moving between sessions was quite important actually to just get up and have a bit of a shake of, move around or whatever. Um, it's also something which um I found really was a very useful thing to, to do that business where one session having ended to sort of clear ready for the next session, um and then with this person as I said I just sort of felt this huge amount of stuff coming, getting into me and just being, being able to, create a sense of a clear, a clear boundary, not an impenetrable one but one which actually defended me properly whereas the, there wasn't adequately sort of defended against whatever it was that was sort of around in the room, and coming my way really. Yeah, and then, um. Err, sometimes I'd go out at lunchtime but I do get, more and more into the habit of staying in at lunchtime and having err a sandwich and a chat with one of the other counselors and just having a huge laugh, you know so we'd um, that's something which did sort of develop that, that, we just find anything and nothing really funny. It was just funny. A lot of laughs. Um, that was quite an important part of it really, I think yeah, just switching the sort of where you're at totally in terms of trivia and laughter about stuff that's yeah. Yeah. And then there's also just you know kind of reading and feeling equip so sort of stuff might come up where I might think there's some, a particular issue around that I felt I don't really know enough about this or I do, you know I need to sort of get back to reading about something, so that's quite important I think it's quite important to feel um, professionally sharp really and so to sort of come and keep, keep that alive, yeah.

Pause

Researcher: I guess the question just emerged for me whether for you it was different working with despair in the prison from other settings.

J9: Um...well I've not worked in, um, worked a lot in mental health settings but not as a counselor I mean that's the nearest kind of comparable thing in terms of you know big institutions that aren't really around, um, now.

Pause

I just um, thinking that I mean I guess.

Pause

Mmm. I'm just kind of running through trying to sort of make comparisons with other, other people and other sort of situations. I mean the big difference obviously is, you know, that you can know other people living in difficult circumstances they can go home, you know, they've got somewhere to go to, mostly I haven't worked with homeless people but there, you know, there's a whole lot more choice and stuff around and available to people and what they experience in life they have much more control over. So, that's the difference definitely. Er, but in mental health settings obviously people's sense of despair and hopelessness can be incredibly intense and acute and really totally how they operate even at that time, but, but I mean you know clearly I'm thinking about being in custody and having very little choice, being not having control and the things which you know make people really angry are like whether their partners started going with somebody else or whether they're withholding contact with their, from their children or whether somebody hasn't got back to them for ages you know from probation or leaving and you need information about that, that sort of powerlessness really. And I was, one thing that really did strike me over the time actually, you're talking about powerlessness is just how everybody feels powerless in the prison and that, that I mean I really countered, encountered that in mental services as well that you know people, even, all, everybody does feel powerless it seems to me that it seems an extraordinary level of things so, you know, to start with we would say we want to do something differently and the chaplains would say 'oh we can't' and then because we're just coming in from outside we would be saying 'why not? Why not? Why can't you do that?' And, and then um, I can't remember what else happened, I can't remember, something that made me sort of realise that you know, that the prisoner officers were feeling powerless. Um and then at one point the prison, the um, there was a meeting of the, of the, um, err charity which is comes under the chaplaincy under which the counseling service comes and the er, Governor was there the overall Governor and um, we were there as the counsellors, you know he came as the principal over the rest of it but he trusted us with a little story about how he'd spent some time on the phone trying to sort out, I can't remember what, something practical for a prisoner and he, you know, he, he was the story of his own powerlessness in that situation as well and so that's, that does, you know kind of really struck me so when we first started the prison was just changing from being a sort of a local prison more or less into the, the, the vulnerable persons, vulnerable prisoners unit and there was a lot of anxiety around amongst staff you know that they were sort of talking about, you know worried about, well just worried about what these new people

would be like, whether they could work with them properly all that kind of stuff really. Um, and er and so a lot of anxiety and clearly they had no, no say over the type of prison that it was going to be and that they were then unexpectedly finding themselves working with sex offenders and not being um, feeling equip to do that and not having any chance to work through for themselves how that felt for them and what the issues raised for them were and all those kind of stuff really. So, yeah, the experience of powerlessness in prison just goes right through really, it's really weird really in a way, coming from the outside you think some people are going to be powerful but lots of people felt hat they're not really. Yeah.

Pause

Researcher: They're my questions is there any else that comes to mind,

J9: Anything else that comes to mind.

Pause

Err, I suppose it, you know the sort of, it, it, it's around what I felt is an incredible frustration about the fact that people have, I mean I had no idea because I, I, I don't know what goes on in the, in the prison system and the, the, the prison and probation service to prepare peoples um, release. But that whole period, this massive amount of anxiety for people in that period coming up to release and they don't seem to know what's going on and don't get told and don't get told what their conditions are and don't get told where they're going to live and that seems to be, nuts really because the whole idea is that we don't want people to, to re-offend, we want people to be you know set up in a better way to live life a different, different way and the whole thing doesn't really seem to be geared up to equipping people to do that. And doesn't...I worked with one, one guy who um, was a, an adult sec offender and very likely to um commit further offences and um, the, once they realised that I was working with him, there was a great 'woo, oh my goodness, woo, nobody should be', and um, there was a kind of hoo-ha about having to work in a different, you know, much more visible sort of space and things like that. And um, b, b, because you know, he'd got this you know he, he'd committed a horrible offence and I think it's very likely, he will carry on and commit further offences when he's out. And nothing, you know, there was a , a great panic about the fact that he was having 1: 1 counselling with a woman and it, and it, and no other work with him because he couldn't be on his own with woman, so no other work with him, no other way of him, um, working out about relationships with women in a different way and again he was somebody else that was, a, astonishing level of, of, of emotional deprivation as a child just, you know, if, if, I believe and I do believe what he was, his account of his childhood about just being out on the streets on his own as a 4 year old living pretty much his own life and being quite powerfully in control of his, of his mother it sounded like, um, she sounded quite frightened of him as, as quite a little boy. And, and, and just, just no, and, and also he'd been in, he'd been in, different types of care and different types of residential schools and stuff from quite a young age and very, very little educational attainment but, but, bright enough you know, he could well have attained more so he was going out of prison, some other things which drive me nuts really, frustrated that a lot of people would have very little skills if, especially if they had gone from sort of mother to woman, partners and then have very little skills in terms of cooking, washing, all that kind of stuff and no kind of basic check about how people manage when they're out and

certainly for this guy, you know, he, he had been in institutional care all his life really, he's in his late twenties, and he just, he didn't he wouldn't know how to open a bank account, how to, you know manage within a budget, how to have a relationship with a landlord, those sort of things, let alone how to set up relationships with women and then, you know, well what other stuff about, you know, he needs sex, you know, sort of nobody, you know the thought that the prison service would actually say how do we arrange for this guy to experience sex in a way which is not going to be damaging to women and maybe that wouldn't be possible for him because you know he wanted to do violent things to women but he also did need sex and just that, that's well that's just, that's just nuts, that's just the most ludicrous, you know this man, you know he can't even have a wank on his own because of the sort of you know level of sort of observation and stuff you know how is he ever going to learn you know about sex and so that, it just, that, that just, it's just, it's so frustrating and it's frustrating because it you know in other sort of areas of life I'd been you know set up stuff, you organise stuff, you do things but I did find I'm just a counselor I just you know, work with this person this sex offender, I've got no sort of other thing and that, that really kind of, I want to do something. But yeah, just the, just the, the idiocy of the prison system, I find it just, it's not, you know it's a very rare person that's gonna come out of that system thinking well that did me a bit of good, very few people are gonna come out thinking hang on that was, you know actually, bit tough but an experience for the best, not many people are gonna say that. So, yeah. It's, it's sort of reignited all my, frustrations, frustrations and thinking how ludicrous the system , so in a way, actually it is quite difficult as, as a, as a counselor who get really sort of, you know, you know such a lot about the person and you sort of you know, you really want them to be able to sort of function well and to sort of you know go forward in life and you just know thee going walking out that door with 46 quid and sort of prison issue clothes and you know that's it really that they're back again in a short space of time or something else you know, they're getting into grim stuff, yeah, it's very, it is. Mmm.

Pause

Yeah. Yes. (31.43).

J. Moira

Researcher: So how do you experience working with a client in despair in a UK prison setting.

M10: Well just as a preamble to that, um, I've worked in two, two if you like quite distinct capacities when I was working with prisoners on, on remand, one of the sort of almost default pih, err um position was err distress and depression um and that was mainly because of the utter shock to the client of their own behaviour and what they'd done. I worked a lot with um, what I call murder remands, people whose, whose headline charge was murder. Often it was commuted to manslaughter but the headline charge was murder and their world had fallen apart so there was total desperation. Total desperation and then I worked with people who had been sentenced and often their um total desperation if you like and um, er, sense of err, of tot utterness and utter emptiness was often to do with what they'd lost particularly if it was to do with contact with children, partner um. So in that case completely, completely desolate, complete devastated. Now how did I find working with them, you may have to keep reminding me of your original question, or even your original subject.

Pause

How did I work with them, I think essentially, um, and initially it was about being there for them because then again a default position was total sense of nothingness that they had, they had no sense of personal w, value, certainly no sense of personal worth that wasn't even on the radar and it was about being there for them um and gradually um letting them see it was a space place to take but it was also a safe place to be. And that was particularly so with the people who were there on remand. Particularly murder remands. Um, also a lot of these people have actually lived with despair because there, their very first um experiences of life were in such devastating situations of um, err, abuse, um deprivation, brutalization that their again to use the same expression their default position was despair. Um and it was about, what I was trying to do with them and the way I was working with them was essentially to demonstrate that I was there for them and that I wasn't going to offer that platitudes that I was in a sense going to be very real and if you like, it was, them, them realising that the reality can't change and I, I was never, in a, I would never want to deny that for them. So it was about helping them to um, live alongside the reality that was there's and coping with that. So that was my main objective um, it got, um, it would get over, sort of, overlaid when I was working with prisoners on remand because their court case would begin to interfere with that process um and often they'd ac, begin to pick up then because if they had sense that say a murder chance would be commuted to manslaughter, they'd then have some sense of hope but then even that sense of hope they often thought they didn't deserve. Um, so the, the devastation just grew. Does that give you a sort of idea of, of how I worked? But um, um prisons smell of despair and particularly the people we work with, err, because they're asking for help often because they're in that place of despair. Yep.

Pause

Researcher: What did you mean by the prison smelling of despair?

M10: Um...The people that we were seeing but also the people that we were or I was encountering briefly walking in the wings, chatting to people who just as I passed bye, stopping to say hello or being stopped, umm there's, there's definitely um, I mean I use the word smell, feel, it would, any, I could use any of the sense, um, of despair. Masked because people have to mask it but it's there, it's an underlying feeling, taste, touch, whatever you want to. You don't often see it but you feel it, taste it, touch it, smell it, despair. Um I suppose that was a little bit, um, more evident in the wings that were specifically for people on remand um once people had been accustomed to the environment, once they'd become accustomed to the reality that they, of their sentence then they emotionally, physically and psychologically began to adjust so it would be less and it, it, we would, we would, I would encounter despair in their story but not so much just in encountering them.

Pause

Is that voice sensitive so it only goes on when I'm speaking.

Researcher: It's on all the time

M10: Oh!

Pause

What else?

Researcher: What do you think despair is?

M10: Err well despair I suppose by definition is a lack of hope err so I want to, so I'd expand it by clarifin, clarifying err lack of, what lack of hope is. Um, it to do with an individual persons future so to seeing any, anything good in the future. Um, not seeing anything good in themselves or potential within themselves um, not just for, for good but even for, for anything worthwhile. Um, also that is linked to how other people view them it's quite, in fact it's quite heavily weighted. The significant others in their lives if they're understanding is that they no longer view them as good, nice, pleasant not, or if they've cut them off, um. That's ones of the aspects that um, brings out what I've called the smell of despair. Um, so, so, lack of hope, no, no sense of any opportunities, um and no sense of any worthwhile future because their path has now become totally not worthwhile so even if, even if there's been a sort of if you like normal life up 'til the point when they did whatever they did that got them into prison, um, there's, there's, it almost has no value so it's almost blotted out. And so there's nothing for the person to hang onto, no secure base. Um, I did as I said earlier, I did work a lot, when I, for four and a half years with prisoners on remand and both the sex offenders that I've worked with, their sense of loss of relation, it terms of relationships was huge um, and there, clinging on to the idea that perhaps what they did wasn't that bad but being challenged into realising that their world has now changed because of the seriousness of what they've done, and the devastating sense of loss that comes with that and the um, one of the worst aspects of, that sort of distress is the fact that its self-inflicted, it's the self-inflicted loss of err relationships, children, associates, family and all that sort of thing. Um, and so people feel, clients have felt that they've nothing to live for, but they still hang on to the hope that maybe it wasn't so bad so maybe something will happen, until the court case, the sentencing and then um,

err, reality kicks in. One of the areas that um, that I think is quite pertinent where I have, um, experienced a total sense of, of wipeout is when a person has pleaded guilty to something, something very serious that they haven't done or they, I, in their hearts think they haven't done or probably haven't done, but because they wanted to um, they wanted for their young victim, I think in the cases that I'm thinking of particularly, not to have to go through a court case, they've pleaded guilty and the consequence of um that is often something that they haven't actually thought about, um and so what kicks in after they've been sentenced, after their self-imposed in a sense label is put on them and all the conditions of that and all the consequences of that I have known of, I've had three, three or four clients who were thrown into total despair that they just could not of anticipated that that would happen. Um, and its prior to, to that happening even though I challenged them to take a look at um, just think what, what might happen, just think of what it might look like, what it might feel like, what might err sound like err at the other end of, of pleading guilty, um they've not been able to envisage it and um, often against even their err QCs of solicitors advice, they've done the heroic thing and pleaded guilty and then the whole world falls down and that, I mean I've seen that only three or four times but err, the person just collapses inwards.

Pause

How, how does the work effect you with despair in the prison?

M10: Um, because I had good supervision and a very good supervisor, still have, same one, I found that I could offload it if I needed to. Err working full time, cos when I was working with prisoners on remand I was working full time, um, it was very, very hefty. We used to debrief with colleagues, Angela, used to debrief er because it was pretty hefty work but um we, um, we all had pretty good supervision and that was quite, I mean that was incredibly useful, the, the clients um histories and persons that stay with me, err and I say stay because they are still with me, the ones whom I have genuinely felt were not guilty, I've only had two and it wasn't just, and one of those two was subsequently 12 years later was totally acquitted err so god knows what compensation we're shelling out for him after actually serving 12 years and the other one is probably still languishing in somewhere like Whitemoor, but it was because of their, I really believed them to be innocent and I wasn't the only one, um these two where two whom the prison officers thought had got the wrong verdict, one, the one who has subsequently been, err it's been overturned, one had somebody to fight for him, the other poor fella has no-one to fight for him um, but strangely the one who has no-one to fight for him, although he certainly experienced despair at the time of his conviction, despair and disbelief um, he pulled himself round, I, in a very philosophical way to just make the most of it and he was helped by prison officers in that prison officers used to bring things in that they shouldn't have done to make his life easier until he was moved to another prison, but when he was in the original prison, I'm deliberately not saying which one, when he was in the original prison um, the prison officers used to bring all sorts of stuff in for him, just to make his life easier, because they didn't believe he was guilty, um and that I still, that was when, 19, err, would have been about 198, well 1994/5. That's still with me and I often wonder where that poor guy is. I still know his num, prison number, I know where he is, um, I could probably make enquiries when I'm in Shrewsbury as to where he is and how he is but I'd, I'd refrain from doing that. But that's the sort of thing that sticks, where do I offload that, I don't. Err, because in a sense it's something that um, pops up, pops its ugly head up now and again but it's the factor of not being guilty that sticks and I mean there

have been cases, high, high profile cases in the, in the, in the news over the last 12 years where people have served prison sentences of up to 26 years and there was the polish guy who came out and died about six months after he came out of a heart attached, you know there, there have been people who have served long sentences and then it's been overturned so that 20 off years later, that's the sort of thing that sticks with me. Other things don't...um, I find some of the most gutsy cases are um, cases where young men in particular have been so brutally sexually abused as children themselves and some of the things that have happened to them are absolutely horrendous, they've then gone on to, I would think through their own sexual inadequacy to um, abuse minors, um, and err, often they're whole thinking around that is distorted is because as well as abuse, sexual abuse of them, err, their abuser also abused their thinking around what is acceptable and unacceptable and that sort of thing, their experience and the, the sadness of them not having a measure, not having a, a, you know a mean, a norm, um, of this sort of thing that you know, sticks around it's the sort of thing I would take to supervision. Yeah.

Pause

I've never touched despair in, in the work. Um, irritation when um, someone I'd worked with came back after being out for three week, irritation but not despair, a case of what on earth are you doing back here, um, the person themselves had no survival strategies really and so they just went back to whatever they did and came back to prison for the security of it. Yeah.

Pause

There are people, um, that I've worked with in prison who were heavily addicted to drugs and because the, um, the prison is not secure in terms of, of restricting drugs getting in, um people whose desperation and despair is around their sense, there is absolutely no prospect of them ever changing that um in fact, um, the despair in a couple of people that I've worked with was so great they almost wanted to get out, bring it on so they could end their lives. You know, they knew taking heroin in particular would, would eventually leave to their premature death and they just wanted it, had to get it out of the way because it was too much stress trying now to and that, that is as pretty near to despair as I think you can get.

Pause

I didn't see as much of that because I was more working where, most often, more serious crimes and with sex offenders but I did work with some of it and I've also supervised people who've worked um with people who just had no, nothing to live for because of the drug use.

Pause

I've ground to a halt!

Researcher: Nothing that comes to mind or, how you experienced the despair in the prison?

M10: Um...real despair, I'm not, not really other than things that I've, I've alluded to, I've often felt desperate myself with the bureaucracy of the prison because um, I think the system has become so bureaucratic that the individual clients almost become invisible a, now, if I going in as a, a sort of part timer as a counselor, notice that the institution is inclined to obliterate the human being in terms of the prisoners then how much more must they feel that so the frustration that I felt, um, because um, everything in terms of, you know, policies, procedures, h, health and safety risk, security risk, MAPPAs and all those sort of things seem to take total priority over being of the individual which to me is must, a back covering exercise, now um, in a sense that's a despair-ate situation for any institution that is supposed to care for the people within it. Um, and unfortunately the tendency is to go more in that direction rather than less um, and that's sad. So that would make me despair.

Pause

Lack of funds, I mean a lot of the um, the problems that are caused by lack of resources um, as in lack of funding, um, that's, it's just so short sighted um, it's a little bit like when you have people who've been convicted when they're not err guilty or convicted or, or found not guilty when they are guilty on lack of evidence, is because of lack of resources. If the police were properly resources in order to investigate properly to carry out the necessary forensic err test if they need to, then we would have safer convictions, we wouldn't um, have as many incidents of, um, evidence being concocted and that sort of thing, I think our system needs root and branch, um, well renovation really because it has become desperate. Um, and also if the prisons or the prison services were provided with adequate resources then they could respond more properly re, rehab, proper rehabs, proper security to keep drugs out, um, I'm convinced that half the drugs get into prison via staff so if staff were paid properly and um, trained properly, then I think that we'd have a better situation and I think those things are desperate, those sorts of things in prison. They can be very, very frustrating places, um, on the other hand I feel at home in them which is a funny thing.

Pause

Researcher: The only question I had was what, what does prisoners despair look like?

M10: What does it look like.

Pause

Um, it looks like, um, matchstick figures, carrying, um, a ten ton brick...Err.

Pause

So it shows, it shows on peoples' faces, it shows in their eyes, it shows in the, err, lack of, of, of, what's the word, sort of flexibility in their skin, um, it shows in the way they walk, it shows in the way they hold their shoulders, their heads. Um, and it, it actually shows in the way they smell. Um, people who are despairing have no sense of personal care and so they don't bother. So they might sm, smell of pee and shit, excuse me. Um, and it can be quite unpleasant, body odour, I've associated body odour with despair. Um, but yes, it's people who are weighed down, um, and can't be bothered.

Pause

Also in, in counseling people who are in that dark place, um, I've found it necessary and I believe appropriate to be much more directive, um, a person who is feeling despair or desperate doesn't have a motor, doesn't have motivation, there's nothing to, kick start, start them so I would, I would, I would be working differently with someone who was in that dark place because I would need to be their motivation until they had some sort of spark in their battery and its hard work because very often although they've asked for help, they don't know what help they need, they don't know what help they want, they don't know how to ask for s, specific help, they don't know what to talk about, they don't know how to feel, they don't know what to do, um, so it's hard work because its um, a case of drawing out and drawing out and drawing out um and often the clients will I think it at an unconscious level, the, to say what's the point, so it is hard work working with someone who's in that dark place. And it, e, easy to be tempted not to do that work, to, to, I, to be, to be a bit lazy 'cos it is damned hard work and if it's the sixth person one is seeing in a day and they happen to be in that dark space and you're tired and you wanna go home its, it's actually quite hard to do that, um but it's the acknowledgement that um, there is a need to be their motivation, for that, for a period of time and it's just a case of, of being there, not a case of, of being particularly verbal or particularly active in terms of asking things or offering things but it's, it's actually the intensity of presence to them, being fully psychologically, emotionally, physically present in order to be eng, engaged with even with the silent desperate person and that's tough. And it was quite um, I would say it was quite often the case in working err with drug addicts and also with um, remands prisoners who were accused of sexual offences, it wasn't, it wasn't so obviously um in working with murder remands um, they would often be the opposite, they, they, it was all just falling out, they would spewing into the bucket all the time, partly because of the shock of what they'd done um and err, so, so I have noticed that quite a difference between those different groups I mean I don't want to generalize too much but there is a difference. Yeah.

Pause

Um, one example of um, person who was a murder remand who was in a, a, a um, a despairing place for probably the first three weeks that I was seeing him and he'd just come in. He was one of the first, well we wasn't a case for automaty but it was, but it was a case of automatism, it didn't go to court under that heading because, um, er, it had, that has, there's no precedent for that, um but, his, he had killed someone as a, just a, a fff, a frightened reflex action, um and it'd been, err, a frenzied reaction bit like you do if you're wasp is round you really, um and he was, he was in a very, very dark place for the first three weeks but he's about the only murder remand that I've had that very difficult, um, very slow process of, of drawing, drawing him out in order to look, start looking at what's going on for him. That was the only one. Now he eventually got a six months, a sentence in a specialist unit and that, and then was free which was right because I mean it was, as a case of au, automatism because his, there was something, his amygdala was either small or larger than it should be and as a result, the surprise factor, would, would um have a much greater input on him than norm, that is the norm um and the likelihood of the combination of circumstances ever coming together at in one, at one time again is zilch. So, um, he was safe to be released into the community. But that's an aside. But,

because of what had happened and because it was totally out of, out of his um, off his radar that he should do such a thing and then he was, he was despairing when I saw him

Researcher: And, and were, do the other people you worked with who committed murder, where was their despair?

M10: Um well, it was, it was linked to the shock of the change so one minute they had an ordinary life, family, driving home, doing whatever, a normal life in inverted commas and the next second everything had changed total change. And that's where the despair came from, it was a case of if only I could draw the clock back that one day, if only, so it was the realisation that everything had dramatically changed in an instant and that was the point of despair. They talked it and the majority, only the one that didn't and they were quite, quite verbal like verbal diarrhoea over it, going over and over and over and over, almost as though if they talked enough about it, it would all change, it was that sort of scenario of you know crashing your car into a pillar in an empty car park and saying I don't believe I've just done that, it was that sort of, that shock um that for all of them, all of the people that I'd worked with, um, and they were, and they were also sort of shocked by what they'd done after that which was also out of character, though very few who had committed murder, um, and, and, and then they'd just sort of lodged on the police station and said I've killed whoever, it was a case of they did the most peculiar thing, one wrapped his vic, dead wife up in a duvet and put her in the garden shed and put a suit on and went out to a singles club, so crazy things that have so totally off the map and off the wall and, and the shock to them, and that they did that and the stupidity of it and the fact that it took them deeper into, into a problem having done that, interestingly he only got two years too. I think it's slow 'cos it was on the back of 20 years if a very abusive marriage, very abusive wife so you know, um, and a lot of those cases were where these people who'd asked for help err which in a sense presupposes there's, there's, they're acknowledging the problem so err, I think, I suppose there's only about a couple of the people I'd worked with that actually got the mandatory life sentence, most of them were commuted to manslaughter.

Pause

Another was someone whose, who killed someone whilst driving a car, a momentary lapse, um, and he h, I mean he was in despair um all through the time that I was seeing him and it was case of that, t, he was, it was the despair about what had happened but also because in a, in a very real way he didn't feel guilty 'cos he hadn't intended to do it, um, it you know, it was something that happened, or happened to him as well as happening to the person that, that, that, that he killed. But it was, it was like something had happened to him as well as to the other person, um, and that there was something else was the factor responsible because he couldn't rectify that and because the law doesn't rectify it because he was, um, undergoing a sentence as a result of that, then he was left even after he was released from prison with the sense of despair. Yeah...and um...yeah I think they're the ones that, that, that have sort of stuck with me, um. Plus the chap who um, err, who was the Eastern European who had um no sense of the future at all, because he was hounded by drug dealers and he was hounded by um other authorities, his, his life was threatened and he didn't feel safe in an English jail and he was in utter despair now he was someone I didn't see but I was supervising a counselor who did, group supervision, um and that despair is tangible, its, it's something which I suppose it's the transference isn't it that um that I would feel and that was, that was mm, transference once removed to, um, but I can

feel quite desperate about because it's a situation that nobody can change but that nobody intended at least the persons concerned hadn't intend, as with the guy who was in prison for a road traffic accident where somebody had been killed, it's almost as though nobody can do anything about it, that's, and I think that's perhaps one of the things that, that is behind despair that, that nothing can be changed, nobody can do anything about it and that really that wasn't what was intended, you know, its, different if you do something and you choose to do it then it's much easier to take responsibility for it than if something happens and you happen to be responsibility but you hadn't intended it and I think that's one of the things that's behind despair.

Pause

There's also a situation that doesn't happen or hasn't happened um, recently but when I started working in prisons back in, in 1991, 92, 3, 4, um the, there was a culture in some prisons of brutality amongst the officers and if the prison officers had taken a dislike to a particular individual, there was nothing that, that, that particular individual could change, they lived in fear and despair that whatever happened, they were gonna get beaten up regularly, they were going to penalized for this, that and the other they were going to be deprived of things that were their rights, the offices would lie about what they'd done and in order um, I mean I would hope that that happens less than it used to, um, and, and individuals have subjected to that and often there, they're fairly cheeky or, or, or, awkward individual but they often have a sense of total, utter, sort of futility and despair, just in the business of living within the context of the prison and that I've seen. And, and when I was working back then I would um, you know go into the seg to see someone, you'd often see someone who, you know, with scars on their faces and great bruising round they necks and they would refer to other bruises on their bodies were they'd been beaten up. Um, now I felt a sense of despair as there was nothing I could do about it, we used to, or I used to, um, err feed information, err, through a back door to the chaplaincy because they were the only people with the courage to actually do something about it. Um, but that's, err, um if I ever felt a sense of futility and despair, um, then, but that was I say in the early 90s then I certainly felt it then. That's probably all I can think off. Any more questions? No. Will that do you? (42.38).

APPENDIX 9: MEANING UNITS

A. Kerry

Meaning Units	Main Element of Meaning
1. I guess when I start thinking of despair, I get this feeling in my stomach actually. It's probably like a hollow, empty feeling. It sits with me, and it touches something in my stomach.	A hollow, empty feeling sits in K's stomach when she thinks of despair.
2. I don't know if that's 'cos it is resonating with something in myself, but also when I think of despair, I immediately think of hope. And is, but it is, as soon as I think of despair, I bounce back to hope again, so there's that, that, definitely that thing going on in me.	K immediately thinks about hope when she thinks of despair. K wonders whether it resonates with something in herself.
3. I think that's my challenge of working with despair because the way I kinda see the world or experience things it's always to look for hope and I always, very much look forward. My default is always to look for the bright side of life, there's always help, there's always change.	K's challenge with working with despair is that her default position is to look for hope, help and change.
4. And I think when I'm faced with a client who's in despair, I dunno, I just find it overwhelming actually, I don't know how I deal with it.	When working with the client's despair K finds it overwhelming and doesn't know how to deal with it.
5. But maybe again on reflection that's 'cos I just couldn't handle sitting with his despair. That's probably one of the hardest things to sit with and to feel and to acknowledge.	K finds sitting with despair one of the hardest things to sit with, feel and acknowledge. K finds it difficult to sit with despair as she wants to give them hope.
6. There's a part of me that wants to give them hope so maybe in effect, I find it very difficult to sit	K wonders whether hope is her defence

with despair.	against feeling the pain of despair.
7. Maybe my kinda way of looking at hope or whatever is my defence against despair. Which again is reminding me that I think hope is my defence against, sort of, feeling the pain of despair or whatever.	K copes in the world by being optimistic and driven which masks her sense of despair.
8. Maybe I cope in the world by being very optimistic and very positive and very driven. But I know that probably masks a lot of my own sense of despair and maybe it's about not wanting to look at my own sense of despair that prevents me from being fully present, to hear others despair.	Not wanting to be present to K's despair prevents her from being present to the others despair.
9. I think in a prison setting, there's so much despair it is kind of overwhelming in a way.	There is so much despair in prison that it feels overwhelming.
10. I'm just thinking of one client in particular; he was very young, he had literally just come from the young offenders into Pentonville and you can just see that over the course of his life from the age of about ten he had just been in trouble and he was obviously quite a complex character. But he missed his family, he missed his girlfriend, he missed his children and he caused a lot of serious offence.	K worked with a client in despair who has moved from a young offenders institute to an adult male prison.
	The client has a complex character, a troubled past and had carried out many serious offences.
11. He would talk about wanting to go to Africa with his family when he got out, wanting to go to Africa and helping all the poor people over there. I actually recognise now, that I kind of bought into that because for me that was hope, there is hope that there's good in you, there's hope that you can do something. Anyway that felt easier because for me, it, it was that at the time it tied in with the hope and there is hope and oh	K recognises she bought into the client's future plans, because she perceived it as reflecting the client's hope.
	It enabled K to have hope in the client.
	It felt easier for K to engage with the clients hope.

<p>there is a really good side to this person and it just felt easier in the room.</p>	<p>K found it difficult to sit with and hear the client's despair because she wanted to help him and give him hope.</p>
<p>12. But then just seeing him as well, just crying and such a mess in a way, I think actually, it was difficult for me to maybe sit with his despair and hear his despair because I just wanted to give him hope. Just wanting to help and it's just really, really difficult.</p>	<p>K acknowledges a need to see potential and good in her clients.</p>
<p>13. That's something in me always wanting to see the good in people and you, everybody's got potential and I want you to reach your potential.</p>	<p>K felt the client let down her defences, showing her his despair and vulnerability.</p>
<p>14. And I'm just kinda reminded now, of, he was on a phone and he'd finished the therapeutic stuff that we were doing, DBT, and I'd gone to find him to talk to him, he had a phone call and he was trying to get through to his girlfriend and then, we just talked over the sort of balcony. I felt that whether this is just unable to be aware of seduction or whatever when you are with prisoner but I felt he did let down a lot of his defences when he was talking with me and he did show his vulnerability and his despair I guess in a way.</p>	<p>K acknowledged she couldn't help the client and that the shift needed to come from the client.</p>
<p>15. I wanted to help but knowing you can't because it's got to come from them, they've got to shift that themselves.</p>	<p>For K, despair and hope are diametrically opposed, like a seesaw.</p> <p>K positions herself on the side of hope.</p>
<p>16. And I'm just getting an image now of a diagonal, a sort of seesaw. And its, there at the bottom of the seesaw in despair and then I'm jumping at the top, kinda hope. And it's quite diametrically opposed, I guess</p>	<p>Working in prison, K is aware of the backgrounds of the prisoners, including involvement in crime, dysfunctional families, abuse, poverty and the need to</p>

polarity is there.	survive through, for example, use of drugs.
17. I think having worked in a prison as well, you kinda know a lot of the backgrounds of the sort of prisoners and sometimes you just feel they've never had a chance 'cos its often they've just got involved in crime from such a young age, come from dysfunctional families, where there's been abuse, severe poverty or just the environment they're born into where its drugs or whatever; it's the means to survive. I think it's just kind of a sense of despair in that, what kind of other way was there for them.	K associates the prisoners past with despair as there has been no other way for them. K acknowledges a commonality between the prisoner's difficult early lives and their offences. K also acknowledges that choice plays a part in the path that ends in prison.
18. I know there's always a choice and not everybody's who's born in that environment ends up in prison, but there does seem to be that commonality, from their early lives, the way they were brought up, is kind of led them down a path that's ended up into prison.	K despairs about society and how the situation can be improved.
19. I suppose that, in, in me it brings up a sense of despair about society in general and how can we, kind of, do things, or improve, to sort of help.	K acknowledged a particular difficulty working with men who in crying and expressing their vulnerabilities in their sessions, reveal the child in them.
20. And I'm just thinking there is something about seeing grown men cry. I know that's probably cultural stereotype, obviously men do cry, but there's something very moving to see these men in prison if they cry as well and they break down and they show their vulnerable side. It's like they almost reveal that child in them.	K questions the fact that this is manipulation and believes one can connect on a human level to another. K worked with a male patient using DBT who despite appearing to cope in the days leading up to his release, attempted to commit suicide.
21. Maybe it's all a ploy, but I don't think so always. I think you know you can connect on a human level with somebody.	K felt confused by this but acknowledged the despair the client may have been masking.
22. I'm just thinking again of another prisoner that I worked with who,	

<p>again was part of the DBT programme for a while but then he dropped out. He presented as quite aggressive, or sulky or passive aggressive in a lot of the group sessions and in the one to one, he was more open but he seemed OK. I knew that he was going to get out in a few months, he found pottery and music and art a really good way of coping with being in prison and he was just literally counting the days down to his release and then I found out that he'd tied a ligature around his neck. He'd been found but he was alright and that just threw me as well 'cos that's somebody who I thought was coping and he knew that he was getting out. He was talking about different things to do, he'd wanted to go and to sort out couple therapy with his partner when he got out and everything. And then to find out he had tied a ligature around his neck, and I guess the despair he actually must have been feeling inside.</p>	<p>K wondered whether she had failed to pick up on the client's despair through her experience or own defences.</p> <p>K acknowledged that despair can be 'hidden' from others despite its existence for the client.</p>
<p>23. And how I hadn't picked up on that at all, either through my inexperience or I hadn't wanted to see it and it just brings it back in a way that despair can be hidden as well and even somebody who seemingly was or looked or came across as being quite sorted, they obviously had that despair in them to the extent that they wanted to take their own lives.</p>	<p>K criticised her failure to pick up on the clients despair</p> <p>Despair is hard to work with as it feels hard to stay with for K.</p>
<p>24. I remember sort of criticising myself internally, how did I not pick up on that.</p>	<p>The work with despair touches on K's own feelings of hopelessness and sadness.</p>
<p>25. So I think despairs just a really hard, I find it really hard to work with because I find it really hard to stay with it.</p>	<p>For K, one is aware of despair and suicide more in the prison environment.</p> <p>The prison acts like a microcosm where</p>

<p>26. I think that's maybe because it touches on my own sadness or my own sort of feelings of hopelessness that I have felt.</p> <p>27. I think just in the prison environment as well you know of suicide, and you are aware of sort of despair a lot more. It's kind of a microcosm, it's a small world that kind of reflect a bigger world, in prison, and it's kind of magnified as well.</p> <p>28. I guess I despair just because you see the same, clients; they'd be in prison some of them so many times and it's almost that that's their life and you kind of despair about how is it ever gonna change for them.</p> <p>29. The prison in a way becomes their secure base, their family and everything like that and it's the outside world which is so alienating and frightening to them.</p> <p>30. You just wonder what is the purpose of prison and who it is serving in effect. I think I despair at the prison as an organisation, as a structure, as a means of helping really. I don't know if it really does help.</p> <p>31. I despair at other people's attitudes as well towards prisoners and prison and this kind of, throw away the key attitude. And what's kind of actually led me to that, was it John Venables, that case that's come up again recently, 'cos he was found having child porn and whatever and I just despaired at societies attitude towards him, they were child killers, but they were children and had their own histories, abusive upbringings, or whatever, and</p>	<p>issues are magnified.</p> <p>K despairs over her clients and their ability to change.</p> <p>The prison can become a secure base and family for the prisons, protecting them from the alienating, frightening outside world.</p> <p>K questions what the purpose of the prison is.</p> <p>K despairs at the prison as an organisation as a means of helping people.</p> <p>K despairs at negative societal attitudes towards prisoners and subsequent attacks on, for example, child offenders.</p> <p>In K's opinion, society expresses a lack of compassion and an unwillingness to understand.</p> <p>K acknowledges a need for societal attitudes to change.</p>
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<p>then you see the outcry against them because of obviously what they did which was horrendous but then you see society attacking two children and is that any better than what they've done? It's kind of despairing at society in me. I dunno, it's just how are things going to change, and it's just kind of changing people's attitudes. The lack of compassion in society as well, or their, unwillingness to sort of understand.</p>	<p>K's realises through her therapeutic work with children a complex picture where 80% have learning disabilities.</p>
<p>32. And then I guess in my other work with Kids Company, just realising how about 80% of prisoners have learning disabilities as well, and it's such a complex picture than we are led to believe.</p>	<p>K despairs at the nothingness and boredom prisons have to endure.</p>
<p>33. I despair at the kind of experiences I guess that the prisoners have to endure, just the boredom I think that was the thing; there's just nothing for them to do. It's the boredom.</p>	<p>K despairs about the situation on the prisoner's behalf.</p>
<p>34. It's something about me despairing about the situation on their behalf.</p>	<p>K finds it hard to sit with the prisoner's despair but can feel it on their behalf.</p>
<p>35. I'm finding it hard to sit with their despair but I can feel it on their behalf.</p>	<p>K felt uncomfortable sitting with a client with a history of violence in a session where he started to cry and express emotion around missing his son.</p>
<p>36. I'm just remembering working with one of the clients. He came in with all his, kind tattoos and scars, where he'd cut himself and I remember it was the first or the second session and he had a history of being quite violent and I was feeling really anxious. You know in effect you're locked in a room with this person. I think he started talking about his family actually and his son, and his son had been born when he was in prison and he was born. I think he</p>	<p>K felt anxious around the violent past of the client, acknowledging she was locked in a room with the client.</p>
	<p>K attempted to stay with the client's despair, allowing him to express it, as this was seldom an opportunity in prison.</p>
	<p>In the prison, stereotyping of men made it</p>

<p>started to cry or show at least emotion at missing his son and not being there, and that was really hard. I guess when I saw him crying it did make me feel uncomfortable</p> <p>37. I tried to just stay with it for at least to let him be vulnerable 'cos they don't have many places where they can be like that in prison. There is something very sad about the fact these men can't show their emotions on the wing or wherever, they have to act, all tough. And the value of having a place where they can show their vulnerability or their despair in a way.</p> <p>38. It does trigger that maternal aspect in me. I'm a mother myself I guess so it was really hard just to see him. I could see in him he wanted to make things right, he wanted to correct what he had done wrong but it almost felt, that he was kind of trapped in this situation.</p> <p>39. I did find that really difficult actually in comparison to another client who I had who again was really young, and so he'd been in prison quite a lot of times.</p> <p>40. We'd had this one session and again he was talking about his girlfriend, and he'd had a letter or a phone call or something that I can't remember exactly. This is somebody who would walk around with his chest puffed up on the outside but he just, literally for about half an hour and the majority of the session just cried to the extent where snot was coming down his face. Luckily, there was a tissue in the room so he could clean it, but if there wasn't loo paper or tissue, I don't</p>	<p>hard for them to express their emotions and for K, this was sad.</p> <p>K acknowledging the importance of prisoners having a place to express their despair and vulnerability.</p> <p>K's maternal sensitivities were trigger when working with the despair of the client.</p> <p>K could see the client wanted to correct the past but felt trapped in his current situation.</p> <p>This situation felt more difficult than working with a second young prisoner who had been in prison many times.</p> <p>The client, despite having a tough appearance outside of sessions would cry throughout the sessions.</p> <p>K felt more comfortable with the client crying throughout the session.</p> <p>K attempted to reassure the client that the therapy was a safe place for the client to express his emotions.</p> <p>K didn't get such a sense of despair with</p>
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<p>know how I would've reacted. But he just cried and cried and cried, and I'm just trying to think how in a way I felt more comfortable with that.</p> <p>41. I did try and reassure him as well, that it was a safe place for him, to sort of express that. I was trying to reassure him that it was good and to cry and it was a safe place to do that.</p> <p>42. Strangely that felt OK. I didn't get such a sense of despair in that situation. Maybe it was just emotion coming out that needed to come out. If I'm completely honest I remember feeling pleased or relieved that at least he felt safe enough to cry in that session with me.</p> <p>43. So it was something about my own insecurities as a therapist, but I felt good that he felt able to cry in that. I wasn't left with a feeling of despair in a way probably because I interpreted it, being quite inexperienced in working in a prison environment that at least I had been able to create that connection with him where he felt able to cry. I feel a bit kind of guilty feeling like that.</p> <p>44. After at the end of the session he did sort of pump his chest up and go back out on the wing as if nothing had happened.</p> <p>45. With the client that wanted to go to Africa to help people. I think it's part of his age as well that is 'cos he was so young and had this young family. I'm wondering if maybe that made it harder for me, his despair um, 'cos in effect that you feel they are still like children as well.</p> <p>46. When I think of him I just always</p>	<p>the second client as the emotion needed to be expressed.</p> <p>K felt relieved that the client felt safe enough to cry in the session.</p> <p>K wasn't left with a feeling of despair as despite her insecurities and inexperience in the prison environment, she interpreted it that she had created connection had been created where the client felt able to cry.</p> <p>K experienced guilt over this interpretation.</p> <p>At the end of the session, the client left the session, putting on a false exterior of being OK.</p> <p>K acknowledged the importance of the client's age and how the younger the client is, the more difficult it feels to work with despair.</p> <p>K envisages the client sitting alone in a cell with a door slamming and cutting off his connection with the outside world and with his future.</p> <p>The slam of the door symbolizes a casting off of any hope.</p> <p>Working in a prison, K thinks you need to engage an internal door which can be closed to protect oneself.</p>
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<p>have the image of him sitting in his cell by himself and the image is a sort of cell door slamming behind them, and just cutting off everything. Cutting off their connection with the outside world, cutting off their connection with the future in a way. It's almost like the slam of that door casts off any hope.</p>	<p>K acknowledges the need to be boundaried more so in the prison setting due to the dynamics occurring at an unconscious level.</p>
<p>47. I think as a therapist working in that environment you have to have an internal door that I slammed just to protect myself and my feelings 'cos you have to be very boundaried. I think more so than when you are working therapeutically in other settings 'cos there's so much that goes on, on an unconscious level.</p>	<p>Prisoners portray their 'victim' side to the therapist.</p> <p>K questions whether she wanted to see this victim side as linked with hope.</p>
<p>48. I think the way that they all come, whether it's something in me as a person, but they portray their victim side very much to you as a therapist. And whether something in me wanted to see that again, wanting to see the hope of whatever.</p>	<p>K expressed the difficulty describing despair in the interview.</p> <p>Words can be used to hide behind.</p>
<p>49. Just actually even describing it in words, this whole thing of working with despair, it's so difficult.</p>	<p>K envisaged a painting of despair; a swirly circle with lighter colours in the middle such as reds, and darker colours, such as blues on the outside.</p>
<p>50. But words are quite easy to hide behind as well.</p>	<p>The painting reflects K's experience of the swirling energy sensation in her solar plexus.</p>
<p>51. I just had an image of maybe painting a picture of despair, and I just saw it, it was like a swirly sort of circle. I kind of thought how would I paint despair, I was almost sort of see a sheet and it started off as reds and oranges but then it went blues and greens. The darker colours around the outside going into sort of a lighter colour in the middle.</p>	<p>K noticed herself feeling tired and running out of energy speaking about despair.</p> <p>K wondered whether this was linked to her want to avoid speaking of it.</p> <p>Working with the clients despair takes your energy.</p>
<p>52. In a way that image reflects what</p>	<p>K was left feeling emotionally drained.</p>

<p>I feel kind of in my stomach, a sort of energy in the solar plexus area. I'm not sure, this kind swirling energy.</p> <p>53. I notice myself getting tired as well now talking about it, running out of energy. Whether that's my avoidance of wanting to talk about it. 'Cos it takes energy actually.</p> <p>54. I think despair, sitting with despair, hearing the clients talk, or seeing them sitting in that state of despair it takes your energy. Actually that's how I felt, I think with the client that wants to go to Africa that I've talked about a lot. I think I just felt drained, emotionally drained. And I think seeing them just sitting, having hopes but also feeling they will never reach those hopes as well. Kind of takes a lot of my energy.</p> <p>55. It's also frustration I think when you're with them. I think as a therapist working with somebody with despair it brings a frustration. I wanna shake them as well, I wanna say, you can change your life, there are choices, you are in control of your life. 'Cos it's a sense that they feel they are a victim of their circumstances and that is, there's something about helplessness and powerlessness that comes from them and that makes me feel very frustrated and angry because I wanna say you can change, it's your life, you can make a different decision next time, you can get out of this. So I find it very frustrating actually.</p> <p>56. I think something in it mirrors the feelings that I feel must mirror somehow what they are going through; this sense of almost pain and loss and sadness and it kinda</p>	<p>Sitting with the client's hopes but acknowledging they wouldn't reach their hopes took K's energy.</p> <p>Working with despair brings frustration and anger.</p> <p>K wanted to shake her clients and make them acknowledge their agency, choices and ability to change.</p> <p>Prisoners feel they are victims of their circumstances which is linked to their feelings of powerlessness and helplessness and K's feelings of anger.</p> <p>K's thinks that her feelings mirror what the client is going through; feelings of loss, sadness pain and consequently anger and frustration.</p> <p>As a therapist, K is left holding these feelings.</p> <p>With the client who attempted suicide, it was a shock as the work was short-term and the client was perceived as being in control.</p> <p>In the group therapy, the client appeared passive-aggressive but in the one to one work, the client was nicer.</p> <p>He was a client K was not concerned about and didn't give extra attention to.</p>
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<p>moves on to anger and frustration but I think as a therapist I am left holding a lot of those feelings that they don't wanna hold on to.</p> <p>57. Except in the case of the one who tied the ligature, with this client, it was, it was such a shock when I reflect back to working with him, I mean I only worked with him for about three sessions I think. The first session was just getting to know him and kind of form, the relationship beginnings. The second one he talked about his children and what he wanted to do when he got out. He came across as being very in control. I know in the group he came across as quite aggressive, passive aggressive but on a one-to-one, he was much nicer. And he was one that I didn't actually worry about so much ironically. He was probably out of the three or four clients I saw at the time of working with him, one I thought was OK. I thought he only had a few weeks to go. I didn't give that much added, extra attention to him, I really thought he was OK. I thought maybe the DBT wasn't suitable for him or he wasn't finding it suitable. But he wasn't one that I worried about, yet he was the one that made an attempt at least to take his own life.</p> <p>58. When I found that out I felt guilty. I felt shocked and kinda questioned had I done something wrong, had I picked up on something. I never actually saw him again after that. I can't remember why or how, we'd already had our sort of final session. I have an image of him sitting in a black room. I feel guilty I guess although I know it wasn't my fault or there wasn't anything necessarily that I could</p>	<p>K did wonder whether the therapeutic modality was right for the client.</p> <p>When K learned of the client's suicide attempt, she felt guilty and questioned whether she had done something wrong at not recognising the client's despair.</p> <p>K also acknowledged there was nothing she could have done.</p> <p>K has an image of the client sitting in a black room.</p> <p>As a therapist, there is only so much despair one can work with or hold, before something shuts down internally.</p> <p>Prison is a challenging environment to work with.</p> <p>Every prisoner has some despair in their lives.</p>
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<p>have done. I feel guilty that I didn't pick up on his despair. I didn't see it, didn't recognise it. Maybe unconsciously I didn't want to see it.</p> <p>59. I think as a therapist, I think there's probably so much despair that we can work with or hold and I think something does shut down within us, within me.</p> <p>60. It's such a challenging environment to work in.</p> <p>61. Probably every kind of prisoner there would have some story of despair in their lives.</p> <p>62. I think the only way to survive as a therapist is to sort of be very boundaried and just shut down. Which kind of makes me question my whole reason in a way for being in there as well.</p> <p>63. I kind of now just notice wanting to keep finishing the interview. Because maybe on a more conscious level thinking I don't know what else to say but I think unconsciously it's so uncomfortable, it's so difficult to talk about and it, it's something actually which I can only deal with in a small dose, or a limit, 'cos, talking about it, working with it, whatever, it's something that as a human I can only experience in a sort of limited amount. Something very exposing about it as well. I notice even now just talking about it, it's kind of this battle about, just wanting to, just to stop.</p> <p>64. And I'm just trying to think is that because its exposing to talk about despair, does it bring up my own vulnerabilities or my own pain or my own despair.</p>	<p>The therapist needs to be boundaried in the prison setting.</p> <p>The need for the therapist to shut down makes K question her reason for being in the prison with the clients.</p> <p>K noticed how she wanted to finish the interview.</p> <p>K thought this was connected to her conscious processes but also her unconscious processes.</p> <p>Despair is difficult to speak of and there is a limit to how much one can work with it or speak about it.</p> <p>Speaking about despair feels exposing.</p> <p>K questions whether speaking about despair brings up her own vulnerabilities, pain and despair.</p> <p>In wondering why K was attracted to working in a prison, she thought it was associated with not owning her own violence.</p> <p>K feels that people are attracted to their own shadow sides.</p> <p>K wonders whether her own despair attracts her to the prison.</p> <p>Speaking of despair drained K's energy</p>
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65. I'm wondering why I was attracted to working in a prison environment as well. So that's something to do with that. Often we are attracted to our own shadows which is quite interesting because I always thought it was something to do with violence actually, working in a prison. I thought it was 'cos I don't own my own inner violence or whatever, that's what's attracted me to work with violent people but maybe there's something about despair as well. I've never actually considered that before.	and voice. K had consultation and supervision in the prison but recognised she needed more. K recognised she needed to be in personal therapy. K uses words as a defence and feels she gets away with this if the other is not attuned to it.
66. But it just takes your energy, even now my voice, the energy is just leaking out of me.	K's emotions are well guarded. K hasn't had a therapist or supervisor who were able to penetrate this.
67. I suppose I when I was in prison, I did have consultation and supervision. I think I recognise I needed more supervision, or my own personal therapy. I had been in but I'd stopped for financial reasons.	K doesn't know how she worked with despair or managed it.
68. It actually comes back to the fact I think I use words very well as a defence. So unless the supervisor or the therapist is very attuned into that or knows how to work with that I can kinda get away with it.	Supervision didn't recognise despair in the work, probably because K wasn't able to recognise it herself. Working with despair is associated with the therapist's own despair.
69. I think my emotions, my feelings are very well guarded. I haven't yet had a therapist or a supervisor that has been able to penetrate that although I've actually pointed out to them that this is my problem, please help me with that; they haven't.	K expresses despair and emotional pain through situations, for example, watching children's films. K buries her despair and consequently internalizes it.
70. I don't know how I've worked with despair or how I've managed it myself, although I've had supervision. I don't think it touched on that actually, or it	

<p>recognised it, probably because I hadn't recognised it myself.</p> <p>71. I think, obviously working despair it's also kind of tied up with my own despair.</p> <p>72. I do things like cry at children's films on a Saturday or go to the cinema. And I'll always cry in the children's films, I cry in Eastenders. So I think my pain or whatever comes out in things like that.</p> <p>73. I bury it. I think I'm very good at burying stuff so I just kind of internalise it and even now like I said when I thought of the beginning of the interview I said that kinda hit my stomach, or this solar plexus area, 'cos that's where I felt it.</p> <p>74. Throughout this interview I've still felt a pain here and I think that's where I store everything, despair and all that. And so I feel maybe I'm just holding onto it actually and the core thing.</p> <p>75. I process it coming out in crying, whether I'm listening to music or watching films but I suppose I'm never 100% clear is that the despair from my work or is that my own stuff.</p> <p>76. I think probably I don't process it's enough. I think that's something I need to.</p> <p>77. I keep getting this image of painting and I think, in a way that's what I need to do. I think art, or a non-verbal method, for me, would be more suitable to deal with feelings of despair. And I do sometimes doodle or draw or whatever.</p> <p>78. Then music I find really powerful.</p>	<p>K felt a pain in her stomach throughout the interview which is where she stores despair.</p> <p>K processes despair by crying during music, films etc.</p> <p>K isn't clear as to whether she expresses the despair from her work or her own sense of despair.</p> <p>K recognises she doesn't process despair enough but should do so.</p> <p>K would find a non-verbal method more suitable to deal with her feelings of despair.</p> <p>K finds music powerful for processing her feelings of despair.</p> <p>K acknowledges that working in a prison, the therapist needs an experienced supervisor who understands the work.</p> <p>The therapeutic modality used in K's work did not acknowledge unconscious processes.</p> <p>Working in a team was interesting as the team processed despair in the team.</p> <p>K felt despairing of the team as it failed to provide a containing environment.</p>
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<p>If I can listen to music that helps me to cry and process it all.</p> <p>79. I think working in a prison environment you really need a really experienced supervisor who understands it.</p> <p>80. I suppose the model we were working with, which was DBT, its different, but also inevitably all that sort of transference and countertransference and unconscious stuff happens but in a DBT model it's not really acknowledged.</p> <p>81. I guess actually working in a team, it's quite interesting so maybe the team processes the despair in a different way and I felt quite despairing of the team at some points as well. Wasn't a particularly holding or containing environment that we were working in.</p> <p>82. I know I should have had supervision, we had supervision provided within DBT but I recognise the need to have had individual supervision.</p> <p>83. To be able to explore the despair and in a way I've never really thought about the despair aspect of it, just talking about it now in the interview is probably the first time I've actually thought about it. Actually realising what I've been carrying possibly for all that time so it's quite revealing in that sense.</p> <p>84. It feels quite cathartic just talking about it now.</p> <p>85. I really know I need to get back into therapy.</p> <p>86. It's really important and its weird because I'm not working in the</p>	<p>K recognised the need to have individual supervision.</p> <p>The interview was the first experience K has of thinking about her work with despair.</p> <p>It led K to realised what she has been carrying for some time.</p> <p>It felt cathartic speaking in the interview.</p> <p>K acknowledged the need to return to personal therapy.</p> <p>K isn't currently working in a prison and feels relieved not to have to face the prison environment.</p> <p>K has shut the prison out of her mind.</p> <p>K feels there is something unbearable having to face the prison, and our own demons.</p> <p>On leaving the prison, you can close as internal gate in your thinking.</p> <p>Society does this so as not to think.</p> <p>K acknowledges the prison is still there,</p>
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<p>prison right now but I feel another gate is closed and part of me is quite relieved that I don't have to go back into that environment. It is this sense of the relief to be out and not have to look at it all or face it all.</p> <p>87. It's like I've shut or again closed the gate, shut it out of my mind. There is something unbearable about it, having to face the prison in a way. Going to prison, its going, facing all our demons and all our hidden sides that we don't want to look at and face, which you kind of do when you are in there.</p> <p>88. But as soon as you've left, you can shut that gate and not have to consider it which is what I think society does as a whole.</p> <p>89. I know the prison is still there and I know lurking in the prison, lurking in my own sort of unconscious I've still got all those kind of worms, and spiders and cockroaches which are still all there until I face it, they're still gonna be there.</p> <p>90. There is still that pull, a magnetic pull, wanting to go back and explore. So it's a very strange dynamic going on just working in prison in general.</p> <p>91. Being faced with this overwhelming despair and not knowing how to cope with it. I think, because you're not told beforehand, there's no warning that you are going to be faced with human beings or humanness in all its worst shapes and forms.</p> <p>92. All these contained emotions that are flying around, that I think as therapists we pick up really. I'm just thinking it's so important that</p>	<p>as is her unconscious dangers which are difficult to face.</p> <p>K's unconscious difficulties will remain until she faces it.</p> <p>K experiences a magnetic pull which invites her to go back and explore the prison.</p> <p>When faces with overwhelming despair, K doesn't know how to cope with it.</p> <p>K acknowledges there is no warning before working in the prison that the therapist will be faces with humans in their worst shapes and forms.</p> <p>Therapists pick up the uncontained emotions in the prison.</p> <p>This needs to be addresses as therapists are attuned to picking this up.</p> <p>K feels therapists in prison need to be better prepared and to have more support.</p>
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<p>it's addressed and, for anyone working in prison but as therapists we're more absorbent or more sensitive picking these things up.</p> <p>93. Actually we need to be prepared a lot better I think or at least have much more support.</p>	
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B. Dean

Meaning Units	Main Element of Meaning
1. I think for me, being a completely inexperienced student on a placement, it's something that with reflection took some time to even acknowledge it was there. That's my first experience of practice outside classroom triads and I think that to a certain degree I was blind to it in a naive sense that working in a prison would be just like working anywhere else.	Being an un-experienced trainee therapist, it took time for D to acknowledge the presence of despair. It was D's first experience of therapeutic work outside of his course practice. D was naive or blind to the fact that working in a prison would be different to working in other settings.
2. What, a lot of people had said to me about doing the work anyway and again with reflection, some of that holds true now that I can look back at time to other environments and in my private practice.	What people had said to D about the prison work appears to be true on reflection and in comparison to his work in other environments.
3. The despair seems to be in every sentence, and in between every sentence that somebody that you're working with speaks about.	Despair is in and between every sentence that the client communicates voices in the prison setting.
4. After a little while I began to realise that I was meeting and working with men of a similar age and with a similar question to life which was, what do I do next when I finish here, what am I gonna do and how am I gonna avoid coming back here.	D realised he was working with men of a similar age to him, who were raising similar questions also; 'what do I do next when I finish here' and 'what do I do to avoid returning home'.
5. So, in some ways it was incredible easy to say there isn't any despair here because a lot of the work was about what happens next, what's the future going to be like.	It was incredibly easy to say despair wasn't there because often the work was about the future. It's easy to focus and engage mentally and emotionally with the future for both D and the client.
6. It was very easy to focus on that and stay mentally and emotionally engaged with tomorrow and the day after and the next 10 years	It's easy to put despair in the corner and not worry about it.

<p>and what life would be like for them and what life would be like for me. And, yeah put it quietly away in the corner and not worry about it.</p> <p>7. With more time and more experience you realise that it is around, it's in every session that.</p> <p>8. You're to a degree a break and change in the normal pattern and routine but once that session had finished or has started to finish, you could feel that returning to the atmosphere of the room you were working in.</p> <p>9. In lots of senses I'm full of admiration for quite a few of the people that I worked with, that they were able to be around that feeling and engage with the work they wanted to do and walk out the door and return to the bravado of life in the prison and the general population and the loud, demonstrative behaviour that most men seem to adopt in that environment, lots of waving and shouting and you know, 'And I've just finished seeing the shrink.'</p> <p>10. I think there were times when it was more obvious that I was struggling with it, where a particular client, I had gone to collect him on the wing just before our time and was told he wasn't there. 'Had he been transferred?' 'No Sir, no, no no. He's in the building still, I don't think you'll get to see him Sir, he's, he's been a bad boy.' 'So where is he, and can we try, can we try and find him.' 'Well he's in the block and he's waiting to see the Governor'.</p> <p>11. That awful formality of trying to interact with some of the staff</p>	<p>With more experience, you realise despair is in every session.</p> <p>Counselling is a break in the prisoner's routine.</p> <p>As the session ends, you could feel the atmosphere return to being in the prison.</p> <p>D was full of admiration for quite a few of the prisoners in their ability to engage with the work and then return to prison life which was demonstrative and full of bravado.</p> <p>At times, it was more obvious that D struggled with it.</p> <p>D was working with a client who was moved to segregation for something he had done wrong and the client was unable to attend his session with D.</p> <p>There was an awful formality when interacting with staff.</p> <p>D was able to push past the barrier by making a telephone call to staff to ask if the client wanted to attend his appointment.</p>
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<p>there.</p> <p>12. I was able to push past that boundary but still respect my client by asking over the telephone whether someone would ask him if he wanted to see me as we had an appointment and did he still want to meet.</p> <p>13. And he did and I arrived to find 50% of his face covered in bruises and I sat down and immediately thought, what's happened. 'I'm waiting to see the governor and yesterday afternoon they told me I had to move, they were gonna move me 200 miles away, I've got 6 weeks left, there's no way my family are ever going to be able to get to see me and I don't wanna go, so I refused. So they romped me up and I didn't want to let them do that so I resisted and so they, you know, you can see what they've done to me and I'm waiting to appeal, and, I know it's going to mean nothing and I know I'm going to get more time on my sentence, but I don't wanna move and I don't see why I should.'</p> <p>14. They're coming towards the end of their time, they'd chosen to work in the last six months of that to address some of their issues and to deal with trying to build up a level of support when they were released, that they hadn't even thought about before and the family had responded to that by increasing the number of visits that they made and that feeling of them being removed and not having that access to that support and the immediacy of it.</p> <p>15. It was almost too much for that client and at that time it was still pretty close to being too much</p>	<p>The client said he wanted to attend his appointment with D.</p> <p>The client communicated he had received physical violence from the guards as he had voiced he did not want to move to a prison further away.</p> <p>The prisoners at the end of their sentence had chosen to work and build up a level of support before release.</p> <p>The families had responded to the prisoner's distress by increasing the number of visits.</p> <p>The thought of moving to a prison further away removed the access to support.</p> <p>The sitting, waiting and knowing that nothing could be done was too much for the client.</p> <p>For D, this is one of the differences in working in a prison to working outside in</p>
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<p>sitting, waiting, knowing that things were inevitable, and that sense of, there's nothing that can be done about this.</p>	<p>the prison or in non-therapeutic environments.</p>
<p>16. I guess that's one of the differences; it's one of the huge differences of working in a prison, to outside a prison. Or even working in a different environment and in a non-therapeutic environment.</p>	<p>There was something important about accepting nothing could be done and moving on and making the best of a bad situation.</p>
<p>17. There's something to be said for just saying, OK, well there's nothing that can be done about it, let's move on. Let's try and make the best of a bad situation.</p>	<p>There was nothing that could even come close to repairing the despair for the client.</p> <p>Saying something trite would have trivialised their situation.</p>
<p>18. But of course, at that time, there was nothing that could even come close to repairing the despair for that person and saying something like that would have seemed completely trite and would have trivialized their situation. I might as well of, I don't know, popped off and made a cup of tea and come in with a sticking plaster for a cut.</p>	<p>Trivialising the situation is a ridiculous destroying of hope according to D.</p>
<p>19. I chose that deliberately because it's kind of the most ridiculous destroying of hope, that that situation, and circumstance, brought on that person.</p>	<p>D doesn't excuse the prisoner's crimes.</p>
<p>20. Now I don't for one minute excuse what they have done to get to that point.</p>	<p>D thinks the strain the prison puts on the therapeutic relationship can mean that you can't work past it or through it.</p>
<p>21. The extra strain that this system and the environment puts on that working relationship means that in that situation and quite a few others that I can think of, you can't work past it and you can't work through it.</p>	<p>In this situation you acknowledge the reality that the work is ending and you agree to look for the client the following week if see if they remained in the prison.</p>
<p>22. So you try to make the best of the situation that you can, you think about the reality that this is an</p>	<p>Despair goes right through all the work in</p>

<p>ending and you try to bring that work that you have to a close. You make an agreement to look for them the following week, just in case that it's successful and, and that's probably as much as you can do in a situation like that.</p>	<p>the prisons setting whether you are aware of it or not.</p>
<p>23. Honestly thinking about it now, it goes right through all the work that you are doing, whether you are aware of it at the time or not. So, I think it just really actually cuts across all the work anybody's trying to do in that situation.</p>	<p>D can't remember speaking of the clients despair in supervision, case presentation or having written the word in his notes.</p>
<p>24. I can't remember speaking about it, about the despair of somebody's situation in my supervision or even thinking back, even feeling that I had written that word somewhere, in my notes for my use and for case presentation.</p>	<p>Despite the conscious presentation and engagement of the client, unconscious despair is always going to be present and communicated.</p>
<p>25. No matter what the conscious presentation is, what's going on for that person and how you are engaging with them, their conscious presentation or the unconscious despair is always going to be present and it's always going to be communicated.</p>	<p>The prison is a system and environment which will keep reinforcing despair as it is its purpose to do so.</p>
<p>26. Simply because it's an environment by design and a system by design that's going to keep reinforcing that, because its main purpose is to point out to somebody that it is an awful life.</p>	<p>Reflecting on D's reaction, something felt like it had fallen into place.</p>
<p>27. Thinking about my reaction to it, I think something's fallen into place for me now,</p>	<p>In the first 6 months of working in the prison, each time D met someone socially, he would, in conversation, warn them about doing anything to end up in the prison setting.</p>
<p>28. I think, and you may have heard this from other people, the first six months that I saw clients in prison, every time I met somebody socially that I hadn't seen for a little while and they asked me what I was doing and I</p>	<p>D felt he couldn't contain the despair and this was his way of reducing the despair through a cautionary tale about the prison environment in general.</p>

<p>would tell them, and I kept saying to people, if you ever get anywhere near anything that might put you in the way of the law and ending up in that place, just stop now, don't do it. And I think there was something there that, in lots of ways I couldn't contain it, because that was my way of reducing that despair for me, by giving it out in a cautionary tale. Not by speaking about working with a particular client but by talking about the environment and the process of getting in and out of the building even as somebody that's apparently checked for security and trained in the system of moving around the place.</p>	
<p>29. So I think in a lot of ways, I almost talking about it, feel like this is something that's actually really important and is something that should be brought up as part of, preparational training for therapists going into that environment, and particularly someone like me taking on their placement.</p>	<p>On speaking of this, D felt it was really important and should be an aspect of preparational training for therapists working in prison; particularly trainees.</p> <p>D received useful supervision and support from the team working in the prison.</p> <p>One should be aware of what it is like to work in the prison environment before committing to working with clients.</p> <p>D felt that if he was allowed to make space and time to look at how he could change, then prisoners should have the same opportunity.</p>
<p>30. No doubt about it, getting fabulous supervision and support from a very committed bunch of people working there, but at the same time it's something to be aware of when committing time and effort and engagement to working with people.</p>	<p>This acknowledgment led him to want to work in the setting.</p> <p>D experienced his own repression of the reality of the prison environment.</p>
<p>31. Something that pushed me forward towards working in that, working in the prison, was a sense of, if I'm allowed to make the time and space to look at how I can change and what I can do, and what I can be, then why shouldn't somebody in that position, I still believe that but at the same time I think, yeah that's a little bit of</p>	<p>D wasn't sure how he would have responded to despair and couldn't locate a session or series of sessions where they were tackling despair.</p>

<p>repression for the reality of what that environment was like.</p> <p>32. I'm not at all sure how I would of and I was just trying to think of situations where I could now look back and say absolutely that was a time or a session or a series of sessions, when really that's what we were tackling or dealing with, and I think there are.</p> <p>33. There are a couple that jump at me.</p> <p>34. I guess one in particular where the atmosphere was almost the active conspiracy and complying with covering up the despair, between, you and, the client, as you're working with somebody that liked to make it clear that if there was and if there is some sort of criminal hierarchy, that they were quite a long way up it. And they'd only been let down by the flaw of detail in their plan and that's how they'd ended up in this situation but they wanted to work because they were on their way and they had six or eight months to learn.</p> <p>35. Until the possibility of parole and they were convinced that they could get through that. We met the day after a parole application. As I went along and asked the guard to, unlock him so I could collect him and ask if he'd like to have his session. He gave a big sigh and he picked up some papers that were rolled up reasonably tight and went off to a room and sat. And he sat in silence for the first three or four minutes and just his head was down and he held the papers up in front of him. And after a little while I asked him, what was the significance and why had he brought them. He sort of dropped</p>	<p>A couple of clients became apparent to D with regard to despair.</p> <p>Working with one client, the atmosphere was of active conspiracy and a compliance with covering up the despair between D and the client.</p> <p>The clients wanted to work therapeutically as they were moving forward and had the possibility of 6-8 months to learn in therapy.</p> <p>As explored in the session, the client came up for parole but his parole was unexpectedly not granted.</p> <p>Before the parole hearing, the client was convinced it would be successful and had made plans accordingly.</p>
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<p>them onto the table and unfolded them so I could see them and I asked him whether it was ok to look at it. And he nodded his head, and he said that his application for parole hadn't been granted.</p>	<p>This previous anticipation and excitement completely disappeared and the client was rendered silent in the session.</p>
<p>36. Then the weeks leading up to that, he'd been in a place where he was completely convinced it was going to be successful and he'd made plans for a family Christmas, looking forward to seeing children, trying to, restart his relationship with his former partner. And the talking and all the small little difficult things in life that we can sometimes forget to look at that need attention and the reality realising that what he needed to do and what he wanted to do was find himself a job and that could be anything as long as it was going to pay the bills, and a bit of money. So in lots of ways, there was a sense of anticipation and excitement that climbed generally towards that date, and completely disappeared with that client, and rendered him silent for the session.</p>	<p>D and the client sat in silence for 35 minutes after D has attempted to communicate and let the client know the space was the clients to speak openly.</p>
<p>37. After a little while of attempting to communicate and making sure that he knew that I was in the room and if there was anything he wanted to say, he could. It was quite obvious that he didn't want to and we probably sat for, I don't know, probably maybe thirty, thirty-five minutes, of that session together in quiet.</p>	<p>The room was full of despair but little was said.</p> <p>D thinks that was maybe the best work he had done in the prison.</p> <p>D thinks it came back to where they started.</p> <p>D thinks it depends on the depth of relationship and length of time working together.</p>
<p>38. The room was absolutely full of that despair and yet so little was said and yet I think in lots and lots of ways that was maybe some of the, maybe some of the best work I ever did in that situation.</p>	<p>The prison population is transient but it's unclear whether the movement is for the client or the therapist.</p> <p>There is a lingering sense of despair</p>

<p>39. I think that it in lots of ways did, to come back to where we started. I think it depends on the depth of relationship and the amount of time you are able to work with people.</p> <p>40. The population itself is transient so there's always that; I don't know whether that's for the client or whether it's for the therapist.</p> <p>41. There's always that sense, that lingering amount of despair that might well be met with the reality that someone's disappeared out of the system and that the system has sent them somewhere else so you're left holding that.</p> <p>42. What can you do about that as you head off to try to find somebody else or you walk out of the gate knowing that you're OK. And suspecting that they're not.</p> <p>43. But I think if you find yourself in the position where you're working with somebody that it moves past that point when its short-term work and it starts to move into long-term work and you develop the relationship between you. If something then happens to change that after weeks and months, maybe six months or longer, then it's an extra burden of despair actually thinking about it. I don't know whether that makes sense or not but it adds something to the work that you're involved in and that you've decided to enter into with somebody else.</p> <p>44. That possibility that it's going to end and it's gonna end completely out of your control and with very little chance of communication from the person that you were working with.</p> <p>45. I'm struggling with my memory</p>	<p>which is at times met by the reality that a client has disappeared out of the system.</p> <p>The therapist is left holding this.</p> <p>There is a question as to what you can do on leaving the prison and knowing you are OK but the client is not.</p> <p>When working with clients long-term, there is an extra burden of despair if an external change happens to affect the relationship.</p> <p>The possibility of the work ending is out of the therapist's control and there is also often little chance of communicating with the client.</p> <p>D wondered whether there was anything the therapist could do to mitigate or prepare for the rapid ending.</p> <p>At the time, didn't make a conscious allowance for despair in the work.</p> <p>D hit a brick wall with regard to what to say.</p>
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<p>and thinking, was there ever any other sense around that rapid ending that you could mitigate for or you could try to prepare yourself for.</p> <p>46. Perhaps that's why at the time certainly I didn't make a conscious allowance for the despair in the work.</p> <p>47. I don't know what else I can say about that now actually, I have sorry of hit a wall there.</p> <p>48. Well a lot more difficult than I thought it would be.</p> <p>49. Just by opening the subject up it seems to be relatively close to the surface. I don't think I've had to dig deep to find that and connect with it and I'm in lots of ways surprised that its, there and that quickly to recall.</p> <p>50. Because on the whole I would say that I found it a fabulous experience to work there and this probably makes no sense at all, but I've worked in office environments that had a far worse and a far more aggressive atmosphere than walking round, and meeting with prison inmates and staff. That probably makes no sense at all, but for me I think that's the reality.</p> <p>51. In the same way, if somebody said to me now, what was it like to work there, that would be my starting point.</p> <p>52. I'm an advocate for people like us working in those situations and environments. Absolutely never put anyone off who said they were thinking about doing that.</p> <p>53. I think there's something about doing that, being mindful that the</p>	<p>The interview was more difficult than D thought it would be.</p> <p>D experienced the interview subject as being relatively close to the surface.</p> <p>D was surprised how quick the despair was to recall.</p> <p>D found working in the prison to be a fabulous experience and less aggressive than office environments he had worked in.</p> <p>If someone asked D what it was like to work in a prison, his positive previous experience would be his starting point.</p> <p>D is an advocate for therapists working in prisons.</p> <p>Working in prisons, therapists have to be mindful of the fact that despair is around.</p> <p>D wonders what you can do to prepare for working with despair?</p> <p>You should prepare for working with despair in the prison.</p>
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fact that despair is around and the question in my head now is what can you do to prepare for that.

54. And should you prepare for it.

C. Karina

Meaning Units	Main Element of Meaning
1. The first thought that comes to mind and I thought it might be easy if I said, I tried hard not to think about it too much in advance, so if I just sort of associate.	K tried not to think about the interview too much in advance and instead chose to free associate in the interview.
2. I think to have a patient who's experiencing despair in a prison, would be a healthy development. I think despair is quite healthy, it's really healthy, and prisons are not healthy places.	K thinks that the prison experiencing despair is a healthy development. Despair is healthy however prisons are not healthy places.
3. Mostly I think my clinical experience, not entirely but mostly it's been defences against despair.	Most of K's clinical experience has been working with defences against despair.
4. However they might present themselves and in some ways, I think the index offence is sometimes committed in order to defend against or prevent something darker, dangerous, perhaps more psychotic from happening.	K thinks the index offence is sometimes committed in order to defend against something darker, dangerous and more psychotic from happening.
5. My clinical understanding has been that there comes a point in the therapy, in the sentence for the patient, when they've started to recognise the full extent of what they've done and that's when they go into despair. When you really know yourself and know what you've done and how you've created a future for yourself. It's going to be immensely difficult, more difficult than it was before. That's when patients slide into despair and that's when I think they become most vulnerable and most at risk and suicidal attempts.	There comes a pointing in the therapy or sentence when the prisoner on recognising the full extent of what they have done and created for the future, experiences despair. This slide into despair is when clients vulnerable and at risk of suicidal attempts.

<p>6. I think one has to be very, very, very careful as a clinical.</p> <p>7. I think certainly at the beginnings of a treatment what you get are defences against despair, the denials, the I didn't do it, I'm innocent, it was a very bad judge, I was very unfortunate, people didn't understand me.</p> <p>8. Getting into lots of excitements, very kind of excited talk about exciting things, running round the prison, being involved in lots of activities, sometimes being completely inert, just laying in bed and all of these are kind of avoidance of feelings and you know, using drugs, getting quite heavily prescription medicated, growing hooch and drinking lots of that, getting into fights with the other women or with staff, arranging punishment for yourself, sexualisation, falling in love, having lesbian, homosexual relationships, all of which are about taking your mind off who you are, where you are and how you feel.</p> <p>9. Thinking in particular, many, many years ago when I was doing my training at the Portman Clinic and I was working in Holloway. I worked with a teenager who had killed her child, she was convicted of manslaughter with the baby's father. A little girl who was two and she died over the Christmas holidays of starvation, neglect and long-term violence and torture inflicted on her little baby body. When my patient, who as I said was a teenager at the time of the offence, when she finally realised, I think was when she got her schedule papers that she was a</p>	<p>The clinician has to be very careful.</p> <p>At the beginning of treatment, the client is often defended against despair.</p> <p>Involvement in activities, self-medication, fighting, sexualisation or even inertness are used to avoid the feelings of despair and take the prisoners minds off who and where they are.</p> <p>One client K worked with at HMP Holloway while she was doing her psychoanalytic training.</p> <p>The teenage client was convicted of manslaughter along with her partner for the death of their daughter which involved starvation, neglect and long term torture.</p> <p>The client finally realised what had happened when she received her schedule papers stating she was a registered sex offender and wouldn't be allowed contact with children, including her 2 sons.</p>
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<p>registered offender, she could never be around children, she would never be able to have another baby, she had two sons who were quite a bit older, she was never going to be allowed to have unsupervised contact, it would be quite sparse contact with them. And she finally realised what had happened.</p>	
<p>10. It was as I was quite experienced by that stage and I was anticipating it.</p>	<p>K was an experienced practitioner and anticipated this.</p>
<p>11. I talked to the officers on the unit and she was in a vulnerable prisoners unit. It was never called that because there was no formal recognition that there was such a thing as a vulnerable prisoner, who by the nature of the offence had to be kept away from the other women. So it wasn't formally, but informally that was the way of it, and I would say to the officers, I'm very worried about this patient can you let me know if there's any change in her condition. I'd be very happy to hear from you at any point in the week, 'cos I was seeing her for once weekly psychotherapy, so please let me know if any events, formalities, sentencing or movement are coming her way.</p>	<p>The client was on a unit for vulnerable child offenders.</p> <p>K asked the officer on the wing to let her know of any events or changes to condition or movement of the client.</p>
<p>12. I got a telephone call on Friday morning to say my patient had attempted to hang herself and they had cut her down and revived her and she was asking for me which I thought was pretty bloody extraordinary. Psychotherapists are usually the least of their interests or problems, but it was a very experienced senior officer who called me and I said I would come up to the prison in the afternoon.</p>	<p>K received a telephone call to say the client had attempted to hang herself and was cut down.</p> <p>The client asked to see K which she thought was extraordinary and agreed to visit the client that day.</p>

<p>13. Got there but some of the women had chosen that afternoon to go hiding in education to try, and let the authorities believe that they'd escaped, so the whole prison was in lock down and I couldn't get to her and I remember sitting at the gate for hours and hours waiting to see if it was possible to get into her, and then finally giving it up and realising it was impossible. Then I think my despair of actually being called and being locked out, you know being available and then not being able to get in and be with her. Although I suppose the question is, what could I have reasonably done, why was she calling for me, what possible use could I be to her at such a time.</p>	<p>On visiting the client however, the prison was in lock down so K had to wait at the gate for hours before she realised it was impossible to get in to see the client.</p> <p>K experienced despair at being called for but being locked out and not being able to see the client.</p> <p>K also questioned what she would have been able to do on seeing the client.</p>
<p>14. The session prior to that I had turned up and asked if there was anything happening. They didn't tell me anything and no-one knew anything in fact and when I got into the room with this completely silent crying with tears pouring down her face, her nose was running with liquid and she had a brown envelope that she was holding and she just cried silently for 50 minutes. I had no idea what or why and after I went to the officers and said for goodness sake, what on earth is going on and why didn't you tell me and eventually I found out that she'd was at the point at which she'd found out what her life was and she was a scheduled offender and the real sense of catastrophe for what she had done. And I think that would be my understanding of the closest coming to despair really.</p>	<p>The previous session, the client had sat crying silently for 50 minutes.</p> <p>Afterwards, K found out this was due to the client receiving the schedule papers.</p> <p>The client's sense of catastrophe at what she had done comes closest to K's understanding of despair.</p>
<p>15. But it was kind of a rolling</p>	<p>It was a rolling despair which involved</p>

<p>despair so it was her despair, her devastation, my bewilderment seeing something and actually having no idea what was going on, not being given the information.</p>	<p>the client's despair and devastation and K's bewilderment over not knowing what was going on.</p>
<p>16. What happened after that was, began to get into some sort of conversation about the events and how she felt, but it was very quickly followed by her request for a transfer to another prison which is what tends to happen when you really get into the sheer, relentless awfulness of what it's all about. It becomes just too much and too difficult and the patient, the psychotherapist, the officers, people who are looking after them get into a quite florid excitement about doing something; doing by moving on or moving away from these incredibly difficult feelings.</p>	<p>The client and K discussed the events and how the client felt.</p> <p>This was quickly followed by the client's request to be moved to another prison.</p> <p>Transfers are often requested when you get into the sheer relentless, awfulness which becomes too difficult for client and staff who want to do something and either move on or move away from the difficult feelings.</p>
<p>17. My despair, I think, was compounded by how her talk very quickly moved away from ideas about awfulness to some very twisted, quite sickening, perverse material.</p>	<p>K's despair was compounded by how quickly the clients talk moved on from exploring the awfulness to sickening and perverse material.</p>
<p>18. I'm sorry I'm jumping around a bit but I wanted it to be sort of free association and not sort of over think or structure my responses.</p>	<p>K felt she was jumping around in the interview but didn't want to over think or structure her responses.</p>
<p>19. Early on in the therapy her first words to me were 'how did it get it this' and I thought that that was quite an extraordinary opening for such a young woman who'd done something so unbelievably terrible. I said to her, 'I think that's what we're here to try and understand, what's your sense of how it got to this' and, completely unforgettable were her opening</p>	<p>Early on in the therapy, the client asked K how did it get to this to which K reflected the purpose of the therapy was to try and understand this.</p>

<p>words to the therapy.</p> <p>20. But then, she got into the denial of reality and her responsibility. She had first become pregnant when she was 13 or 14 I think. And she had a boy, and it was clearly under the watchful eye of social services who took her in to a mother and baby unit to try and help her care for this child and she was completely clueless and she was in there and she seemed to be doing OK and they were allowed out to live in the world as a parent and child in a supported way and she got pregnant again, had another son and I had an idea that she did better with boys. I don't think by any stretch of the imagination she was a good or even a competent mother, but she seemed to have some capacity to cope with boys and she was very young and then she became pregnant again and she had a termination and she gave a name to the termination which she imagined was a girl. There was no way the foetus had a sex at that stage but she fantasised it was a girl and she gave, the girl a name that was an anagram of her name. About a year after that she fell pregnant again and this became the child that died. Again the same name, an anagram of her name. One of the ideas we had about her that she identifies with this child very much as a part of herself and maybe she came to feel quite persecuted by, hence the kind of slow, burning, sadism. This child died with starvation and 96 injuries on her body, scalds, scratches, cigarette burns, there was evidence that she had been sexually abused, breakages and she was just left to die basically and the irony was at</p>	<p>The client got into the denial of reality and responsibility.</p> <p>The client had two sons and although not a competent mother, had some capacity to cope with boys.</p> <p>The client had a termination of a foetus who she fantasised was a girl and named it an anagram of her name.</p> <p>The child who was killed by the client and her partner again was called an anagram of the client's name.</p> <p>K wondered with the client whether the client identified the child as part of herself and felt persecuted by this leading to the intense sadism and abuse of the child.</p> <p>The policeman who was asked to visit the family said the child was flourishing the day before she died from starvation.</p>
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<p>Christmas was that the kitchen cupboards, the fridge was full of food and the child starved and died on the kitchen table. The police had been called on Christmas Eve and the policeman in his notes which came up after the formal enquiry, he had seen the child and she was flourishing. I mean how can that possibly be. There was a photograph that appeared a lot in the papers which was of this little doll wearing a tiara and looking awfully pretty, so there was something about seeing and just not seeing as tends to be in these situations. How is it possible if people see but ignore.</p>	
<p>21. Shortly before that there had been the Victoria Climbié case and Mrs Kouao was in Holloway. Mrs Kouao the aunty of Victoria Climbié was in Holloway and I had been part of the assessment of her and this was the next big high profile case.</p>	<p>K had been part of the assessment of another high profile case.</p>
<p>22. Of course every time a child dies you get into this public naming, shaming and blaming of the professionals who got it wrong. There's always a huge enquiry, huge amounts of money spent on it and of course nothing changes, 'cos no-one really gets to the reason why these events happen.</p>	<p>When a child dies through abuse, there is often public naming, shaming and blaming of the professionals involved.</p> <p>Despite the time and money spent on the public enquiry, the reason why these events occur is never uncovered.</p>
<p>23. My idea is that it is entirely human but inhuman not to love children because they've always died across time. Maybe we save more children now because we are much more aware, but it simply isn't good enough that any child should die, but it's not good enough the way we deal with it anyway.</p>	<p>K feels that the way we deal with it isn't good enough.</p> <p>For K, it is human and inhuman not to love children.</p>
<p>24. So as a clinician I was completely</p>	<p>K was overwhelmed every time she</p>

<p>overwhelmed every time I switched on the TV or the radio, or picked up the paper there was the usual stuff about the awfulness and that's an incredible burden for a clinician trying to work with an offender and perpetrator. To be saturated in those kind of stories and projections.</p>	<p>switched on the TV and radio with awful stimuli about her client.</p> <p>The saturation by media stories and projections is a burden for the clinician working with a perpetrator.</p>
<p>25. It's bad enough trying to work with someone who's done something like that without all the rest of it going on.</p>	<p>It's difficult enough to work a perpetrator without input from the media.</p>
<p>26. And my patient's response was 'well I never bonded with her'. And this kind of chuntering, this thing she would say over and over again, 'I never bonded with her.' And I used to feel my heart sink into my boots and we're so stuck, we're not going anywhere, we're not getting anywhere, I don't know what to do, I don't know how to move beyond that. So the story was we never bonded. Her father was in charge of her, so the father of the child, the guy who lived with her, the father of the other children, her co-defendant she completely blamed. And as tends to happens at these times, when one partner blames the other and tried to make themselves a victim alongside and they very much kind of turned against each other, you know with their accusation, counter-accusations, he was in a London prison while she was in Holloway and then increasingly across time there was a kind of unpicking of some of that.</p>	<p>The patient's response was that she never bonded with her baby which led to K's heart sinking.</p> <p>K felt they were stuck, not getting anywhere and unable to move beyond this.</p> <p>The patient blamed her co-defendant and she felt a victim alongside him.</p>
<p>27. My sense afterwards was there was just so much stuff that she was thinking and feeling and she was not telling me, I think</p>	<p>K was left with a sense that there was so much the client was withholding through fear.</p>

<p>genuine fear if she admitted anything to me.</p> <p>28. Her life as a prisoner was going to be so much more difficult because the position of the therapist is awkward, you know we're on the side of the patient always and we're absolutely clear about that. I'm very clear about my ethical position and yet we work within the system and we have a responsibility to the system so it makes patients understand that and it's entirely reasonable they wouldn't necessarily tell us things.</p> <p>29. The breakthrough really was when the schedule papers arrived and what happened after that as I said was so bleakly perverse, there was this move for her to be shifted to another prison which she was excited about and the officers said 'oh it's such a fantastic place, you'll have such a good time'.</p> <p>30. But one of the stories she was telling me after that was the child fell really, really, very sick and I think it was one of the sickest stories I ever heard in my career in forensics. She claimed, although I couldn't verify this, she was making a coat for the baby that died out of scraps of material of clothing that had been the babies, into which she was incorporating nail clippings of the child and hair, and kind of weaving together bits of this baby that she had never cared for, that she had in effect abused and neglected, although she denied that she perpetrated the scalds and burns and scratches and cuts and breakages.</p>	<p>K was clear about her ethical position yet she understood that therapists work within the prison system and have a responsibility for the patient's safety.</p> <p>K thinks the therapist is left in an awkward position and it is understandable that client's choose not to speak openly with therapists.</p> <p>The breakthrough occurred when the schedule papers arrived, followed by a request for the prisoner to be move to a prison that the client and officers were excited about.</p> <p>The client told K one of the sickest stories she had heard in her forensic career.</p> <p>The client claimed to weave a coat of the dead baby out of its old clothing as well as the child's nail clippings and hair.</p>
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<p>31. And I found it just too awful to think about or to talk about and across time.</p>	<p>Over time, K found it too awful to think or talk about.</p>
<p>32. I was having supervision onsite, really excellent supervision, with a supervisor who had worked for over twenty years in Holloway and what she didn't know wasn't worth knowing and her specialist area of interest was working with women who harm their children and I couldn't talk. I felt so bad, absolutely hopeless and sick and dirty and anguished all of the time.</p>	<p>K had excellent supervision with an experienced supervisor whose specialist area was working with women who harmed their children.</p> <p>K couldn't talk in supervision as she felt bad, hopeless, sick, dirty and anguished all of the time.</p>
<p>33. I mean that's my kind of sense of despair, you know there's no place to do anything; nothing to do.</p>	<p>K's sense of despair in knowing there's no place to do anything and nothing to do.</p>
<p>34. People in my supervision group would want to talk about this patient, and whenever they came near it I felt so anguished I couldn't take up the help that was possible and available and I think that was the big failure really. And my supervisor said to me many years down the line, you know I think we really let you down. We weren't able to help you with this patient and I said well you know I wasn't able to understand what help was like in the situation like this. You know what would that look like, what would that sound like. How could I reach out to it, not just how could you give it. I was afraid that my colleagues were interested because it was interesting, it was exciting, it was disgusted and these cases are very, very rare and as clinicians, there is a part of us that is very greedy and there's a kind of glory attached to being able to say I've done this kind of work or I've been involved.</p>	<p>Members of K's supervision group wanted to talk about the patient but K felt too anguished to take up the available help.</p> <p>This was the failure for K.</p> <p>K's supervisor said many years later that the supervision group had let K down as they weren't able to understand what help would look or sound like in the situation.</p> <p>K was afraid that her colleagues were interested in it because it was interesting, exciting and disgusting and clinicians are greedy for these glorified cases.</p>

<p>35. And I was very wary of other people so I think the despair was met with the kind of perversion, perverse in my patient's attitude, making this coat, perversion in the institution that got excited about moving her away, because it was too terrible to think about.</p> <p>36. People like her and Myra Hindley and Rose West and Mrs Kuaos, working with them is too stressful and too difficult and they are moved around because it is just too hard to have them. So in a purely kind of logical, organisational level, you have to do that, except we think psychologically so we sense there's something else that's going on.</p> <p>37. And you know, my sense of everything that surrounded it instead of really thinking about how awful it is and how incredibly deskilled we are with coping with thinking about your topic, despair. We just didn't do it really, we just kind of left it.</p> <p>38. So maybe it was just trauma, it was a really kind of concrete thing that sat, in my mind and in my memories of my clinical practice and it's the kind of thing where you wake up years later, you'd wake up in the middle of the night, with a cold sweat thinking about it, did I do everything I could? No I didn't, because you're never going to in this situation.</p> <p>39. As kind of an antidote to hopelessness and despair, I'd always, for a long time I'd had an interest in working with mothers and babies and I had done a</p>	<p>K became way of other people.</p> <p>The despair was met with perversion; the perverse attitude of the patient and the perversion of the institution.</p> <p>Working with clients like the client in this case is too stressful and difficult.</p> <p>At an organisational level, you have to move the client's around the system as it feels too difficult to hold them.</p> <p>At a psychological level, the sense is there is something else going on.</p> <p>Instead of thinking about how awful despair is and how it is incredibly deskilling and difficult to cope with, clinicians just avoid it.</p> <p>It left K traumatized and the trauma felt like a concrete thing sat in her mind as a memory of her practice.</p> <p>It's a case where you wake up years later in the middle of the night with a cold sweat asking if you did everything you could.</p> <p>You can never do everything in this situation, as it's not possible.</p> <p>As an antidote to her hopelessness and despair, years later K worked on a BBC education project about teen pregnancy.</p>
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<p>masters in child and family department at the Tavi and done the usually baby obs and stuff like that. It had been very much my idea that I didn't want to just sit back and watch, I wanted to be someone who would intervene and do something and achieve something useful, so it's always been part of my kind of area of interest really. Some years down the line, a project came up working for a joint project with BBC education about teen pregnancy and trying to warn teenagers of many teenagers want to have a baby and the huge difference between wanting a baby and having a child. This project came along, I had the skills to do it and I was lead clinician, I sat on the steering group at the BBC. The idea was to give teenagers the experience of being with children in a kind of structured and observed way. And I did that for a couple of years, the project went on for a couple of years and BBC education were involved and it would go into schools and secondary schools. There were lots of kind of youth teen pregnancy groups involved as well as the media etc etc. My understanding of that was I finally, many years down the line had an opportunity to make good, to repair, to actually do something.</p>	<p>K understood that through this project, she had finally had an opportunity to repair and do something good.</p>
<p>40. I've always felt that the only way out of this stuff is through public education, through, letting people know how. Sort of pre-emption really rather than trying to deal with it when its actually happened.</p>	<p>K felt a way to repair this was through public education and pre-emption.</p>
<p>41. I mean the impact of that, the despair I think was so great and</p>	<p>The impact of the despair on K was great</p>

<p>never, never a Christmas went by without, I didn't think of that baby and my teenage patient, and I became quite dark. How completely ridiculous, you know the whole world is hyped up, isn't this exciting with all the pretty colours and twinkly fairy lights and don't you realise what's actually going on.</p>	<p>as on thinking about her teenage patient and the baby, she became quite dark.</p> <p>K became disillusioned with the world's involvement with Christmas activities, which were blind to the darkness.</p>
<p>42. For me, that project was so important because I was no longer waking up with a cold sweat in the middle of the night, because of that experience of unbelievable awfulness. But that project enabled me to complete something. I felt that finally I've been able to do something concrete that was useful, that lifted me out of that really awful position.</p>	<p>After the project, K stopped waking up with a cold sweat in the night because of the awfulness.</p> <p>The project enabled K to complete and resolve something which in turn lifted her out of the awful position.</p>
<p>43. So I suppose my sense of it is, when you get into those states and despair, what I have understood is people try and become very active, to lift themselves out of it, and actually been, being able to do something is immensely powerful because you can't sit in a state of absolute hopelessness for too long, you know it's absolutely crucifying.</p>	<p>When in a state of despair, people try to become active and lift themselves out of the despair.</p> <p>Being able to do something is powerful as absolute hopelessness is crucifying if you sit in it for too long.</p>
<p>44. Having said that you do have to try and visit it with your patients, but it's pretty damn near impossible for any particular length of time.</p>	<p>You have to visit despair with your patients however it is near impossible for any particular length of time.</p>
<p>45. Do you want to talk about also as a supervisor and as a consultant, if that's at all helpful? In a way it's a lot, lot easier when you're only supervising, when your supervising rather than doing the frontline work you can think at a kind of state of remove, in a way</p>	<p>K finds it easier supervising clinicians rather than doing the front line work as you can think at a state of remove.</p>

<p>you're not able to do when you are a clinician.</p> <p>46. I think, because of my experience I'm very conscious of supporting psychotherapists when they are going through these kind of things. My experience has been of three prisons and that's Wormwood Scrubs Pentonville and Holloway and doing supervision with those three clinical settings across quite a long period of time, with different supervisees.</p> <p>47. I suppose one of my personal bug bears is, when I did my training, I mean I had a very, very thorough training which really gave me a structure for thinking about how you do forensic work and most of the people I have supervised have not had that.</p> <p>48. At Regent's here we have quite a few students who work in Holloway, or Pentonville, or Wandsworth, or wherever, Wormwood Scrubs and other London prisons, but its only very rare and occasional that there are clinical teachers that have had the training as well as the experience. So very few people have had the experience of actually working in prison, very few, who then go on to teach and do supervision. Pamela Stewart being one of the very, very few. But Pamela didn't train so although she since trained as a supervisor and training, there's still that lack there. So there's actually very, very little available, very little that actually offers people a structure of thinking.</p> <p>49. So I was very lucky to have been trained at the Portman in this and</p>	<p>Due to her experience, K is conscious of supporting psychotherapists.</p> <p>K was supervised supervisees in 3 prisoners over quite a long period of time.</p> <p>K's training gave her a structure for thinking about how you do forensic work.</p> <p>Most of K's supervisees have not received this same level of training.</p> <p>Very few clinical teachers have had the forensic training and forensic experience.</p> <p>There is little supervision available which offers clinicians a forensic structure of thinking.</p> <p>K's psychoanalytic training was effective</p>
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<p>they were and are very austere and they are very good at giving you the skills for going into the room and staying in the room which is being completely unsentimental, being absolutely fierce in defence and understanding of the transference and countertransference. That's what you work with, quite completely and giving you the skills for thinking about these things.</p> <p>50. But my experience is the only way that therapists can get themselves in the room and stay in the room is by feeling sorry for the patient, that's seeing the patient as a victim, and of course that's completely true, our patients in prisons are absolutely victims and they are also perpetrators and in order to do the work properly, you have to hold those two ideas in mind, at all times. You are there, and they're there because they are perpetrators.</p> <p>51. One of the ways in which we might understand the offence is by linking the offence to the developmental history and there we see the victimology but we never lose sight of the perpetrator and the offence.</p> <p>52. So the challenge is with patients, is to help them think about the patients as victims and as perpetrators, which is also getting in touch with the reality of what they had done, that's the only way it's going to work.</p> <p>53. We are only doing the work so that our patients can get to know themselves better, and that's the place it goes across, by getting to</p>	<p>in teaching therapists skills for going into the room and staying in the room.</p> <p>These skills include being unsentimental, being fierce in defence and an understanding of the transference, countertransference.</p> <p>K's experience is that the way therapists get into the room is by feeling sorry for the patient and seeing them as a victim.</p> <p>K thinks you have to hold in mind the prisoner as a victim and perpetrator at all times in order to work effectively.</p> <p>One can understand the offence by linking it the developmental history and victimology.</p> <p>The challenge is to help supervisees to think about the patient as a victim and perpetrator and to get in touch with the reality of what they have done.</p> <p>Therapy should facilitate patients to gain an understanding and acceptance of themselves as the architect of their</p>
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<p>know themselves its accepting they are the architect of their difficulties, they are responsible for the offences they have committed and they have to give up the sense of themselves as victims, they have to give us the pursuit of crisis and tragedy and the pursuit of their own victimology, in order to be sort of well-adjusted citizens.</p>	<p>difficulties and offences.</p> <p>Patients have to give up the sense of themselves as victims and give up the pursuit of crisis and tragedy in order to become well-adjusted.</p>
<p>54. That's my framework and yet within that, from time to time we have to seek into how awful it is. That it, it did come to this, it did come to this point and it was and is always preventable. It didn't inevitably have to turn out like this.</p>	<p>From time to time, therapists have to explore how awful it is and why and how the preventable had occurred.</p>
<p>55. And again there is always a point at which the patient become incredibly vulnerable; they kind of live life at the edge of living and dying. You know suicide and self-harm always come into the picture, because I think whether you are an offender or not an offender, when each of us really gets in touch with who we are, that may be great but mostly it isn't.</p>	<p>There is always a point at which the patient becomes terribly vulnerable.</p> <p>When we get in touch with who we are, suicide and self-harm always come into the picture.</p>
<p>56. If we're gonna change anything we need to look at the very negative, the very dark stuff, so despair is part of being alive and it's certainly part of psychotherapy.</p>	<p>To change we need to get in touch with the darkness and despair.</p> <p>Despair is part of being alive as well as being a part of psychotherapy.</p>
<p>57. We have to find ways of being with it and being it and, trying to get a bit of a handle on it really</p>	<p>We need to find ways of being with despair, being our own despair and trying to get a handle on it.</p>
<p>58. At least you know that when people are getting very active and we can do this and we can do that, and have you said this, have you tried this. It's because they can't,</p>	<p>When people become very active, it's because they can't think about it.</p>

<p>they can't think about it anymore you know.</p> <p>59. Of course we have to have our defences, they are entirely necessary, it's what holds us together so you have to include that factor that in.</p> <p>60. But it is, it's in the fabric it's in the bricks and mortar of the organisation; that is the way that it is.</p> <p>61. When Paola went, first went to Holloway which was about 25 years ago she ran, a group staff support group for prison officers because her sense of how can we find a way into this was to try and work with staff to enable them to stay with it, because the stress in the staff is unbelievable, absolutely unbelievable and there's such a high incidence of drug taking, alcoholism, promiscuity and depression in all of the staff that surround the prisoners. The prison officers, the unit governors, the nurses, the doctors and fairly typically psychiatrists have a higher rate of alcoholism and suicide. So the idea was to try and help staff to sit with and think about these very difficult feelings. But they would always get into states of agitation to try and undo all of the stuff that was going on.</p> <p>62. Psychotherapists I think are a bit luckier, we are training to think about what is going on in our own minds, but a lot of us do self-medicate.</p> <p>63. And what you also get is a lot of sabotage, you know you get a lot of sabotage and when people who are looking after the patients, if</p>	<p>Our defences are necessary and hold us together.</p> <p>Despair is in the fabric of the prison organisation.</p> <p>25 years ago, a psychiatrist ran a prison staff support group to help staff deal with the unbelievable stress which lead to drug taking, alcoholism, promiscuity and depression.</p> <p>The aim was to help staff sit with and think about their difficult feelings however they would get into states of agitation and undo the good work.</p> <p>Psychotherapists are trained to think about their own processes however many do self-medicate.</p> <p>Staff become jealous of the patients progress in the prison and attempt to sabotage it.</p>
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<p>they see that they are doing well or they are able to negotiate their way through processes that staff can't, they become very envious, very jealous.</p> <p>64. Despair is something you have to deal with systemically, it's not just in the room, in the clinical room or in the supervision group. You have to think about it in the whole organisation and the kind of attacks on thinking that might take place.</p> <p>65. So people try and rip up, any attempt to really focus on what's going well. So if something's going well, you can bet that some process in the prison will break into it and try and stop that from happening really.</p> <p>66. Were you with forensic therapies with Pamela, so you very much know the story of how forensic therapies kind of imploded because of the internal tensions and contradictions which are essential to forensic work and they weren't managed and part of that is if people are misusing funds, what are they defending and protecting themselves against, well the sheer bloody awfulness of doing the work and not being able to stay with and think about that. So you think well I'll just syphon off a few quid to pay for my gym membership or go travel first class or something like that. It's always there.</p> <p>67. My approach to supervision is I don't draw strong boundaries between therapy and supervision. There is a boundary between therapy and supervision but because of my training I like to think supervisees will tell me</p>	<p>You have to deal with despair systemically as it's not just in the clinical work or supervision, but also in the organisation as a whole.</p> <p>If something is succeeding, a process in the prison often tried to break into it to stop it from happening.</p> <p>A recent forensic counseling service imploded due to the internal tensions and contradictions essential to forensic work but which weren't managed.</p> <p>The misuse of funds was a defence against the bloody awfulness of the work and not being able to stay with it.</p> <p>K doesn't draw strong boundaries between therapy and supervision.</p> <p>K invites supervisees to share anything that may help K to understand where they are and how this might impact upon the</p>
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<p>everything that I may need to know in order to help me to understand where they are at the moment and how that might be impacting on the work.</p>	<p>work.</p>
<p>68. So for example, when I'm doing training supervision here for instance and recently one of my trainees said in the group supervision, I need to let you know that I'm having some difficulties in my personal life at the moment to do with family as is and future family and I'm really worried about the stress and how that may be entering my clinical work and I want us to really think about that while we are looking at the verbatims. A very bright, very skilled psychotherapist so that is very much my position, its personal therapy issues and supervision is not personal therapy but she's telling me the stuff so when we're looking at the verbatims and the clients bringing some very difficult material. And my supervisee said I felt really tired and really dragged down, touching on despair, was that because of the stresses in her own life or was she finding it difficult to be there or was it maybe the client wasn't able to be there or maybe we didn't need to be there at any given time.</p>	<p>A bright supervisee informed K of the current stresses in her life and how it may have affected the work.</p> <p>The supervisee felt she was touching on despair in the work and wondered it was her stuff, the client's or in the work.</p>
<p>69. So it may be that despair is not something we should always be just naming and sitting with at that time, well naming a process may be just enough.</p>	<p>Maybe despair isn't something we should be just naming and sitting with however at times, naming the process may be enough.</p>
<p>70. If you're in a supervision group and your sitting with despair, what are you actually doing? You can be aware you shouldn't be coming overactive in order to over think it but it may be</p>	<p>If in a supervision groups a supervisee is sitting with despair, they shouldn't become overactive or overthink it but it may be appropriate to take it to personal therapy.</p>

appropriate to say well maybe this is something you need to sort out in your personal therapy.	
71. So I think there isn't from my point of view a protocol for actually dealing with it.	K thinks there isn't an absolute protocol for dealing with despair.
72. We can all have kind of gut feelings of hunches that it's not being dealt with, that it's too difficult without kind of trying very hard not to do it or getting sucked down into it.	We may have gut feelings that despair is not being dealt with in the therapy as it is difficult not to get sucked into the despair.
73. I mean there are ways of thinking and conceptualizing what's happening, and people can say something like 'God this is just awful. I just feel I can't do this, this feels too terrible for me to think about.'	There are ways of thinking about and conceptualizing despair. The realisation of how awful it feels to think about it may be important.
74. That is facing despair and the clinician who's in the room and struggling with those kinds of feelings in the room, I think can feel tremendously helped by other people in the group saying 'God this is awful, I can't bare it. How did you stay in the room. How on earth did you survive it and with hindsight I think it would have been actually really helpful to me if someone had just said something that's so unbelievably simple which is 'God, this is just so grim.'	When the clinician faces despairing feelings in the work, K thinks they can be helped by others empathising with the difficulties. In hindsight, this would have been useful for K in her clinical work.
75. Some things we don't need to have words for, poets can describe it. Maybe as clinicians we don't necessarily need to have words for this kind of stuff to be able to actually be in it and do it. I think it is quite a hard thing. It's quite a hard thing to get a handle on.	As clinicians, maybe we don't need words for despair to be able to be with it and do the work. Despair is a difficult phenomenon to get a handle on.
76. I think and feel, feeling completely bleak and hopeless we	Feeling bleak and hopeless, we need to

<p>have to protect ourselves against that in some sort of a way to get on and do the work.</p>	<p>protect ourselves against these feelings to be able to do the work.</p>
<p>77. And thinking with that teenage patient of mine, I hope I mentioned that I became very ill and I came out in boils. I was covered in these red spots that no trip to the doctor could get rid of which I understood as this patient made me sick, she made me sick, I was so sick of her, I couldn't bare it. But it was held in my body because it was an understanding at such a primitive level that's about an experiencing before words, when experience for which words are not available which is why it was somatised. I mean I think that's my sense of how it comes out.</p>	<p>Working with the teenage patient, K became very ill with an ailment that even medical treatment couldn't resolves.</p> <p>K understood this as the patient making her sick.</p> <p>K was so sick and sickened, she couldn't bare it.</p> <p>The despair was somatised and held in K's body, an experiencing before words.</p>
<p>78. It also comes out in forgetting, forgetting very important parts of the session, when a supervisee comes with a verbatim that's actually only about ten minutes long and I'm saying, 'Where were you, I'm sorry but where were you in a 50 minute session.' 'Oh I forget.' I kind of know its stuff that's absolutely unbearable and that's why it's such a brief session and the supervisee may have done something actually quite brilliant that moves the patient forward, moved both of them forward in their thinking and then there's a twenty minute gap and that's precisely because there has to be an attack because that kind of connection to awfulness you go out of your mind, you literally go out of your mind, both the clinician and the patient.</p>	<p>Despair is also associated with forgetting important parts of the session.</p> <p>Supervisees may bring K short verbatims and K knows this is because the work feels unbearable.</p> <p>Even though something might have happened in the session to move the client forward, an attach occurs as the connection to awfulness sends clinician and patient out of their minds.</p>
<p>79. I was at a conference a couple of years ago with a very senior colleague and psychotherapist and</p>	<p>Years ago, K discussed how we cope with dark moments for which we don't</p>

<p>forensic psychiatrist who worked at Broadmoor, and we were talking about how do you cope with those dark moments for which we don't have words or names and this is what your thesis is about, trying to find words and names for these things, and she was working at Broadmoor. She was working with a patient who killed her baby and she worked with this patient for a very, very long time and she was very used to working with this patient, she saw her quite late in the day and finished and came out and didn't see any colleagues. Got home sat down to supper with her husband, watched a bit of TV, had a bath, got into bed and then she was in bed and the tears, silent tears just poured out of her, for an hour, she said, she just wasn't sobbing cause that's quite active. She just leaked tears for an hour and she realised that she had gone through all of these things in a state of complete kind actually cutoffness. She was eating, she was watching TV, she was talking with her husband, she was having a bath but in a completely cut off way and then the moment came many hours after the session, when she just sort of let it flood through her.</p>	<p>have words with a senior psychotherapist at Broadmoor.</p> <p>The colleague worked with a patient who had killed her baby for a very long time.</p> <p>Hours after one session, she found herself silently sobbing for an hour.</p> <p>She realised she was going through the motions in a state of cutoffness and only hours later could she let it flood through.</p>
<p>80. So, I don't necessarily feel bad about it, I don't feel bad about defending against despair because I think better minds than mine have gone through it, recognised that they have had to protect themselves against it and it's not good to be in a position or place of being completely raw and uncovered.</p>	<p>K thinks defending or protecting oneself against despair is important, as it is unhealthy to be in a position of being raw and uncovered.</p> <p>K doesn't feel guilty about defending against despair.</p>
<p>81. There is something hopeful or healthy about protection that we have ourselves so I suppose</p>	<p>There is something hopeful or healthy about protecting ourselves but we need to</p>

<p>eventually we have to try and get to it. Maybe we do a little bit more each time.</p>	<p>continue to explore the difficulties at a slow pace.</p>
<p>82. I think my general experience is it's holding it in the body, outing it out of the mind and very kind of non-verbal I think.</p>	<p>K's general experience of her response to despair is non-verbal; holding it in the body and outing it from her mind.</p>
<p>83. I think I only worry when as clinicians and staff we get into self-medicating too much, drinking too much, eating too much. When I worked at Holloway I was a lot younger in those days and a lot, lot, lot slimmer but just down from Holloway prison is Holloway Road and there's a Marks and Spencer and I used to go there in the morning before I went in and by my picnic and I'd look forward to my food and I could just sit and eat and, it was often quite sweet or salty things like lots of crisps and snacks and prawn mayonnaise sandwiches was my particular thing, soft, maybe like baby food and I remember my supervisor said to me, 'Karen, you have put on an awful lot of weight'. I put on a huge amount of weight, because it was just comforting, comfort eating and you need lot of comfort and consolation in a place like that.</p>	<p>K gets concerned when staff self-medicate, eat or drink too much.</p> <p>K remembers her comfort eating when working with the teenage client and her supervisor pointing out she had put on a huge amount of weight.</p>
<p>84. When I was, working in Pentonville, did you know the breakout café opposite Pentonville? Well all my supervisees I found out, and I would see them very quickly across time put on an awful lot of weight. Especially the women, you know who seemed to have quite good self-esteem and take their personal appearance quite seriously and like to present well, I could see the muffin tops</p>	<p>K noticed her supervisees at Pentonville, particularly the women, put on weight very quickly across time despite seeming to have good self-esteem.</p> <p>Supervisees would meet at a café before entering the prison and eat huge fry ups.</p>

<p>splurging over the top of the trousers. And they would all meet up in the morning which is fantastic and go to the Breakout café and they would have these huge fry ups.</p> <p>85. I was thinking oh my god they're covering themselves, they're protecting themselves from what might get and will get inside you in the day 'cos it's just so awful, you know, so you know in way that quite healthy I think, giving yourself something that's going to care for yourself a bit, but it's not the best way of dealing with it; there are better ways.</p> <p>86. I think the level of the depth of feeling is unique in my experience in forensics, you don't get that in any kind of work. I mean the only other kind of thing that I think begins to approach that is refugees, but they are entirely victims, they have no perpetrator aspects.</p> <p>87. I mean the sadness and the hopelessness is just slightly, slightly different 'cos you have to temper the despair with a high degree of suspicion and in some senses, that's kind of an extra factor in prisons. I'm not sure is there anything else I can say, what would be helpful, what could be helpful to you.</p> <p>88. Trying to think about my own feeling state during the conversations, would that be helpful. I have been feeling very cut off, feeling that I really want to give you what's going to be most helpful for you, for your research which is crazy really, because what's helpful to your research, is me not trying to be</p>	<p>K thought they were protecting themselves from the awfulness of the prison.</p> <p>K viewed this as quite healthy as it was motivated by self-protection.</p> <p>There are better ways to deal with the awfulness.</p> <p>K thinks the level and depth of feeling is unique to forensic work.</p> <p>Dealing with the sadness and hopelessness is different is the forensic setting as you have to temper the despair with a degree of suspicion.</p> <p>Throughout the interview, K felt cut off and defended, trying to talk about feelings without going into them.</p>
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<p>helpful but just offering you raw data in an unprocessed way. But I think I am feeling very defended, very defended, trying to talk about feelings without going into them.</p> <p>89. It's quite a while since I did any front line forensic work so in reality my frontline clinical experience is quite historical.</p> <p>90. I'm not doing a lot of forensic supervision. But I did do a session which is very unusual in my career, with someone whose work I'm helping her to stick with. Last week she came in and said, 'Oh I remember what you said to me the last time we met Karen, don't feel sorry for them.' Which was meant to be helpful and it's also true, but it is also a way of stopping yourself feeling, it's part of the kind of the armory, because I just think it's my personal bug bare, I think it's such a trap if you ever get into that feeling and you could be putting yourself and a lot of other people in very serious danger if you start feeling sentimental and sorry.</p> <p>91. One of the big things with forensics and maybe it's quite important for your research is that we need to be tuned in, in a very immediate way because our patients are a potential for dangerousness, so it's not just them hurting themselves, it's the risk of them hurting an awful lot of other people. The chances are when they, you know, reach these very dark places, they will lash out. So for the sake of, not just the clinical work but bigger than the clinical work, the safety of the institutions, staff within that and society and saving patients because of course we don't want</p>	<p>It's a while since K engaged with frontline forensic work so her clinical experience is historical.</p> <p>K is currently working with a supervisee and trying to help her to continue the forensic work.</p> <p>The supervisee had remembered that K had said to her, don't feel sorry for the clients.</p> <p>K felt this was true and about building up the supervisees armour protection.</p> <p>K feels that is you feel sorry for the patient, you could be putting yourself and others in danger.</p> <p>Within forensic work, we need to remain attuned to our patients' potential for dangerousness towards themselves and others.</p> <p>This attunement is associated with the safety of not only the clinical work but the staff, institution and society as a whole.</p> <p>When forensic patients reach dark places, they lash out and therapists much tune into the bleakness.</p>
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<p>them to get into trouble, for their own sake and we have to find ways of really tuning into the bleakness.</p> <p>92. I have another anecdote about a patient who I've talked about a lot actually, a patient I worked with in Holloway, now about eleven years ago. She contacted me a couple of Christmases ago and she left a telephone message on my telephone answering machine, which said, 'Are you the K, who worked in Holloway 9, 10 years ago and if so, I would really like to be in touch with you 'cos I'd like to let you know where I am in my life now and I want to thank you for the part you have played in my journey. As soon as she mentioned her name I remembered her fortunately, maybe I'm a bit of a sad person I've never forgotten a single patient in over 20 years of practice, it's extraordinary. And, she was a patient I'll call Ellen. She had been in and out of Holloway since her teens, she was at that stage 40, she was a crack whore, her mother had been an alcoholic and prostitute so her father was unknown, possibly a punter. She was a lesbian but she sold sex really in order to get money to support her habit and she was a dealer. She had three children all fathers unknown part of coming out of her work, so she had a stable partner and she was a dealer but her habit was so great she said she spent 23 out of 24 hours locked in the bathroom and the other hours out there scoring doing what she had to do so she was in for possession with intent to supply and she was known as Mama Holloway because she was a big character, she was a tough</p>	<p>A patient who K worked with years ago at HMP Holloway contacted her as she wanted to update K of her progress.</p> <p>The client was a crack whore, had been in and out of prison over a period of 40 years and dealt drugs in prison.</p>
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<p>lady and one of those people that the institution kind of tunes into because women like her help the authorities run the place really, they keep things at a kind of a level because they're dealing drugs and it suits the prison to have the prisoners off their faces really.</p> <p>93. So she came into therapy and I think her prognosis was very poor, as you can imagine, her physical health was terrible, really deteriorated, she had hepatitis, she had all the kinds of females cancers. I mean this woman had been terribly ill, and I had reached the kind of stage where I was pretty cynical and I thought, this is going nowhere but quite early on she said to me 'Look I really need this therapy because, I'm not going to survive another stint in prison. I just can't do it anymore, I'm too old and I'm too ill and this is my last chance. And while she was in Holloway, we worked together for a year and while she was in, she became part of kind of buddying or mentor service for other people, bringing young people up. Prior to that, one of her daughters turned up in jail and because all the officers knew her and she was immensely popular, they took it upon themselves to go and seek her out and let her know in advance and I remember she said to me, 'Oh this is just bloody typical, you know, is nowhere safe or sacred.' She resented her kid turning up in, in her place, but you know she did some pretty good work, she had an idea that when she got on the out she would want to do a counseling course so she obviously made a very good, a very positive identification with me.</p>	<p>The client's prognosis was poor, she had suffered from physical ill-health and K remained cynical about the possibility for change.</p> <p>The client did some good work with K for over a year and had a positive identification with K.</p>
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<p>94. So when she got in touch with me, I phoned her and I thought fantastic, this is fantastic to hear from her and I phoned with some trepidation because we were outside of our roles in which we'd known each other. She said to me she was very anxious on the phone, very scared and she said, 'Oh you've no idea how many times I've wanted to contact you. I said well you know it's amazing it's such a wonderful thing and, but I said to her what was it is our work, what was the difference that made a difference. Anthropologist Gregory Bateson talks about the difference that makes a difference, I said 'OK, what was it', and she said, 'Well we were in session one day' and she said 'oh, I was a very scary person in those days', and I said, 'Well in Holloway there's a lot of competition for being the scariest person' and she said, 'I was jumping up and down and I was punching the walls as you can imagine you know, a lifetime spent on crack, you know, using drugs to take yourself out of where you feel, not being on drugs, very, very agitated constantly moving, kind of gathering it together through movement. I was jumping up and down punching walls' and she said, 'You said to me, well if it's that bad, why do you stay?' And she said, 'And for the first time in my life I realised I had a choice.'</p> <p>95. And she said, 'And I decided to use that choice and use it well and so when she completed that sentence and went out, she did a counselling course and she works as a counselor with young people, she gets paid work for the first</p>	<p>K asked what had made the different in their work.</p> <p>The client expressed that K had enabled her to realise her agency for the first time in her life.</p> <p>The client had decided to use her agency and on completing her sentence, completed a counseling course and subsequently got a job as a counselor working with young people.</p>
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<p>time in her life she has a paid job and she is working with young people who have been sexually abused, trying to enlighten them about don't be like me, don't take my pathway, there are other things you can do with your life. I was so touched and so moved by this woman and how is it possible this woman with all of her disadvantages was able to achieve so much.</p>	<p>K was moved by how much this woman had achieved despite her difficulties.</p>
<p>96. The way I think of it was that I had been in a story, in an institutional narrative which is kind of saturated with hopelessness and despair. This woman was a crack whore, her mother was a crack whore, her daughters are crack whores, that's the way she is.</p>	<p>K felt she had been drawn into an institutional narrative, saturated with hopelessness and despair.</p>
<p>97. A very fixed narrative that arises out of experience and despondency and somehow this woman found something that was good, that she could take with her from the experience to go out into the world, and make something of her life, which was kind of an antidote to despair.</p>	<p>The institutional narrative arises from the experience of prison and the dependency which develops.</p> <p>This client was able to make something of her life which acted as an antidote to despair.</p>
<p>98. I mean she didn't allow herself to get sucked back in and I use this quite a lot in sort of teaching and conference presentations because I think it's incredibly important 'cos I think that if as clinicians we get caught in these very dark narratives, we close off pathways of development for our patients, so we have to be immensely, immensely careful about that.</p>	<p>K uses this example in teaching and presentations as it shows that if as a clinician we get caught in dark narratives, we close off the developmental pathways of our clients.</p>
<p>99. I'm telling you this because it might be part of what your research seems to be thinking about or wanting to try to understand, you know what</p>	<p>We have to find ways of checking out our thinking in order to function as psychotherapists.</p>

<p>happens you when we get stuck in these very negative narratives is we make it impossible for us and for our patients to move on and move out of that so we do have to find ways of checking our thinking about some of these very difficult states of mind in order to be functioning psychotherapists really.</p>	
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D. Dingane

Meaning Units	Main Element of Meaning
1. I was wondering actually to what extent maybe the people I worked with experienced something like a silent despair because in my instances it wasn't overt.	D wondered whether he worked with clients experience a silent despair which wasn't overt.
2. It was the situation they were in was dire I think in some instances it was really bad and it was two examples when I had to put someone on an ACCT, for suicide watch.	The situation D's clients was in was dire D had to put two clients on an ACCT for suicide observation.
3. I wonder also whether it's, because there was a male interaction, that despair wasn't expressed in ways that you may imagine it would be.	D wondered whether the despair wasn't expressed because of the male interaction between himself and the male client.
4. I mean certainly there was the one guy who expressed more I think in terms of frustration and what happened was he had been waiting to speak to someone for a very long time and eventually I got to him but in some kind of oddity of fates, the same week I got to him was also the news we heard that our counseling service at the prison was coming to an end. So I gave him notice of about three weeks but I could meet with him three or four times and he just seemed frustrated, he seemed angry.	One client expressed frustration and anger, which D felt was associated with the client finally being seen coincidentally as the counseling service was closing.
5. There was a sense for him or almost a kind of futility and yeah desperation that he wasn't able to say more.	For the client, there was a sense of futility and desperation that he wasn't able to speak of it.
6. I'm trying to think about what metaphor would come to mind. It was almost like it was a brick	The metaphor of despair which comes to mind for D is of a brick wall.

<p>wall, which is maybe an unfortunate metaphor in terms of the prison.</p>	<p>This metaphor is connected with the prison structure.</p>
<p>7. I could feel that he was in a sense despairing. But it was almost as if I was absolutely insistent to myself not to be drawn into the despair because there was nothing I was going to be able to do to really help him and all I could do was focus on trying to do the job as well as I could in the three sessions that we had.</p>	<p>D sensed the client was despairing BUT was insistent not to be drawn into the despair.</p> <p>D acknowledged there was nothing he could do to help the client in the short time they had.</p> <p>All D could do was focus on the job.</p>
<p>8. There were two examples of other kinds of despair.</p>	<p>There are a number of different kinds of despair.</p>
<p>9. If the first could maybe be experienced as kind of despair with reserve, despair with some kind of quiet despair.</p>	<p>The first type of despair could be defined as a quiet despair or despair with reserve.</p>
<p>10. One I would say was where there was a guy who I was dealing with who was on remand, and the following day he was going to finally find out what was going to happen. In other words, what his sentence was going to be and this despair was, almost you could say kind of unknowing despair, because, I never experienced some kind of therapy with someone which was so obsessively focus on a kind of problem or question. I don't think I will ever forget this guy actually and the work we did together.</p>	<p>D felt another client was experiencing a kind of unknowing despair.</p> <p>The client was obsessively focused on a particular problem.</p>
<p>11. So that would be the second kind of despair and I would just say that it was kind of a closed in on one's self, it's almost like, a kind of obsessional despair as of yet not yet realised to the person itself</p>	<p>The second type of despair is a despair which is insular and unconscious to the person.</p> <p>D refers to it as a kind of obsessional despair.</p>
<p>12. The work was very much focused on showing me, or trying to express to me why he was</p>	<p>The work focused on the client expressing his innocence to D.</p>

<p>innocent. I think my own inexperience was also reflected in what happened there, because, going into this kind of situation where each session was kind of recounting why he didn't do the event, the crime that was alleged and you got all these details again and again and yeah if you were watching this from a distance you would say that, that's probably all good reason, evidence from why perhaps someone did do it because they keep on not telling you why they didn't in all the details.</p>	<p>D felt his inexperience affected the work.</p> <p>The client obsessively recounted why he didn't commit the crime which for D, provided evidence that he had committed the crime.</p>
<p>13. I remember being with him and this was also funnily enough when one of, the previous counselling groups that I was involved with in the prison was coming to an end, so maybe that tells us something. I knew I wasn't going to be coming back.</p>	<p>The work with the client occurred at a time when the previous counseling service was closing and D knew he wasn't to be returning to the prison.</p> <p>D wonders if this tells us something.</p>
<p>14. I also knew that he was looking very, very down in his demeanor, physicality.</p>	<p>The client looked very down evidenced in his demeanor and physicality.</p>
<p>15. His approach to the sessions, what he was saying and, in the middle of the session there seemed to be almost a kind of excessive insistence that things were gonna go right when he heard, and thinking back on it, the logic for me was there were at least three or four things that seemed to suggest that, I don't think he's gonna do well when he hears that he is gonna get a long sentence and through all what I had heard and seen of him over the three of four months that we worked together, it seemed to me that it wasn't looking good. I just got this kind of catastrophic sense that the house of cards would come falling down for this guy.</p>	<p>The client approached the session with an excessive insistence that things would work out OK with regard to his sentence hearing.</p> <p>D, on hearing the evidence, saw that it suggested the client would receive a long sentence.</p> <p>D noted a catastrophic sense that the house of cards would fall down for the client.</p>

16. And I think there was another factor as well that happened that day and certainly in terms of supervision with shared supervision, group supervision with colleagues at the prison.	D felt that another factor which affected the work was the service's group supervision.
17. One of the flashpoints for despair was not necessarily so much what happened at prison itself certainly the remand thing, but when some kind of personal relationship was ended with guys in the prison.	<p>The flashpoints for despair were not necessarily events that happened in the prison.</p> <p>Being on remand and the ending of relationships were flashpoints for despair.</p>
18. So not only was he looking physically depressed and depleted and lackluster and energy-less and drained, but he seemed totally unprepared for the news he may very possibly hear.	The client appeared depleted of energy, drained and unprepared for negative news.
19. The only kind of preparation he had for that was this what seemed to me to be an absolutely unrealistic, all my eggs in one basket hope that things were going to be fine. And the other element was that he'd heard something about the fact that he wasn't going to be able to access his children anymore, or the slim hope that he had of being able to get hold of his children seemed to be going nowhere.	<p>According to D, the client's preparation was simply unrealistic planning for things to work out OK.</p> <p>The client had already heard access to his children would be difficult, however this did not affect his outlook on the sentence hearing.</p>
20. I handled things maybe not so well but lacking in confidence.	<p>Lacking confidence, D felt he hadn't handled the situation well.</p> <p>D struggled to put clients on ACCTs.</p>
21. It was difficult to put someone on an ACCT 'cos it's not something I like doing and another prisoner that I've worked with had commented to me before to say that it can be a violent thing to do to someone, it can be quite an aggressive thing to put someone on an ACCT to be watched the whole time.	A client commented to D about how it can be an aggressive or violent action to put a prison on an ACCT where they would be observed.

22. This guy had experienced that before so, in some ways I was quite jittery about doing it, but I did do it if I had to try and find some metaphor, some kind of description for despair.	The client had experienced being put on an ACCT previously and this left D feeling anxious when he did it.
23. I think this guy was experiencing maybe without even really knowing it, was almost a dumbfounded, deer in the headlights, emaciated.	D described the client despair as emaciated and dumbfounded; an unknowing despair.
24. I haven't yet realised the degree to which I am in despair, and I'm trying to, or I was, or he was in some senses, kind of, I wasn't going to say manically, but he wasn't manic of course, but he was blind to it, and it felt to me he was going to be blind sighted.	<p>The clients haven't yet realised the degree to which they are in despair.</p> <p>Because of the despair, D noticed the client was going to be blind-sighted.</p>
25. It's almost as if all his defences, all his energy what little of it there was had been absolutely focused on this single pretext of his innocence and that everything was going to go right the next day.	The client's defences and energy were focused on things being OK.
26. I felt really guilty about putting him on an ACCT, which is a strange thing to say because in retrospect it seemed to me the right decision and it seemed that he needed it.	D felt guilty about putting the client on an ACCR despite it being what the client needed.
27. Thinking about it now just in response to your question, the despair, I would be interested to know what it has been like for other colleagues, for other people and particularly for woman working in the prison because in my experience, I didn't remember anyone sobbing.	D would be interested to know how colleagues experienced working with despair, particularly female colleagues.
28. Ah there was something actually that, again maybe you wouldn't want to call it despair but I had a guy who I worked with for almost	A third client who was anxious, obsessive and subsequently violence, was absolutely terrified of being moved to another prison.

<p>18 months and he was the first guy in the prison who I'd worked with for that length of time and he was absolutely terrified of being moved and he didn't want to move prisons. He was quite an obsessional guy in his own right, he had loads of routines, organising things in a certain way and he was of all the people I've seen I think he was the most highly wired. He was anxious about everything. If you knocked on the walls it would be a problem, if someone spoke too loudly it would be a problem and he had this kind of explosive temperament where if something shocked him or frightened him he'd kind of lash out. And he was a big guy. And being with him in a room you were always aware of his physicality and his presence kind of left a mark on your senses as it were.</p>	<p>D was always aware of the client's physicality and presence which left a mark on D's senses.</p>
<p>29. So for the last four or five times I saw him, the theme that he kept on coming up with was, and this I think was maybe closer to despair than some of the other guys because it also involved an appeal to me which I don't know how one theorizes despair but this may be the third kind of the bits that I'm dealing with. It seemed to be very strongly present in their appeal to me, they're going to do this to me, 'I'm scared'. I mean he wouldn't say that in those words but that's, that's the nature of the interaction.</p>	<p>This client seemed closer to despair than some of the other male clients.</p> <p>The client strongly presented an appeal to D for help as he was scared of what might happen to him.</p> <p>D wondered if this is the third bit of despair.</p>
<p>30. Frankly I didn't want him to leave the prison, I didn't think it was going to be good for him. And for far more selfish reason I had been working with him actually for, not quite eighteen months, seventeen months and I needed to work with</p>	<p>D didn't want the client to leave the prison</p> <p>This was partly because D felt it wouldn't be beneficial to the client but also as he needed to completed his 2 year client as part of his training.</p>

<p>him for eighteen months for my training. Not a very admirable thing to admit, but I did want him to stay, and I discussed it in supervision and I made the case and it was a bit of two and fro because people said ‘well you know, don’t get involved, you can’t do this.’</p>	<p>D discussed this in supervision and colleagues suggested that D didn’t get involved in the matter.</p>
<p>31. I even went and asked the key guy at the organisation who didn’t come to this supervision, the big boss and he said you can if you want to, you can write a letter, so I did eventually write a letter saying in my opinion it would be good for this guy to stay. And reflecting on it now, yeah I did have my selfish reasons for wanting to keep him there, but I wonder whether that was an instance of where some of the despair rubbed off on me a little bit. So that was funny because I think it did sort of galvanize me into doing something, even if it was just preparing for myself that I go to prison and he would be gone.</p>	<p>D asked the manager of the service and he agreed D couldn’t write a letter stating D’s opinion on the clients move.</p> <p>D wondered whether in this case the despair rubbed off on him and galvanized D into acting on it.</p>
<p>32. Whereas it hadn’t, certainly in case number two that I spoke about.</p>	<p>Despair previously hadn’t rubbed off on D, particularly with the second client.</p>
<p>33. One of the ways that it came into the work a little bit was just really to try and ask him what are you gonna do when one day you wake up and you get told to move.</p>	<p>The despair came into the work as D attempted to ask the client what he was going to do if told he was being moved.</p>
<p>34. The one day he was told to move they made him pack his bags, he got all freaked out, wanted to hit an officer and then at the last minute, I forget what the detail was. They got him to pack his bags and then he either said I’m not ready to travel or there was something he could say or</p>	<p>The client was asked to move but was able to respond in a way which led to him staying in the prison,</p> <p>The client thought he was safe from being moved after this event.</p>

<p>something he could complain about that they weren't able to move him and so he kind of got saved at the last minute and then he thought he might be OK for a while. There was also the sense for him, once he's seemed to resist the inevitable at least once, that maybe he could do it again, or that he would indeed do it again</p>	
<p>35. In the sessions before this and after this, he kept on asking me, could I write a letter for him, would I write a letter for him and eventually I said look I've done this once because I do think it's worth you staying here but there is only so much I can do and that's all that I can do. So that remained a tacit theme within our interaction. In some ways it remained a key part of how we interacted even if it wasn't necessarily put into words.</p>	<p>The client wanted D to write a second letter but D resisted.</p> <p>This remained a tacit theme in the interaction in the therapy.</p>
<p>36. There was, if I remember correctly at least one session where he seemed to get this learned helplessness thing, where he would slump in the chair and similar a little bit to the guy that I was just discussing with you but also different where there was what seemed to be the onset for him.</p>	<p>D experienced the client portray a learned helplessness in the session where he slumped in his chair.</p>
<p>37. It's almost as if he had two settings, one was to be manically anxious about things and ready to whip around and punch someone and the other was where you almost see it in his pallor, in his demeanor, in his posture in the chair. I mean I had a couple of sessions with him like that within the seventeen months at least one I think was, when he seemed to now finally get it that they would</p>	<p>The client had 2 settings; one was to be manically anxious and the other was despair which was observable in his pallor, demeanor and posture.</p>

<p>move him and he wouldn't be able, where it was like a different person in the room, but like it infected everything about his body and his posture.</p>	
<p>38. Here my metaphor or my image for desperation would just be a slumped form just like a slumped there's nothing I can do, and not just helplessness but it was like a kind of holistic total depression that just caught him, that he could sort of slip away in his sleep or something. I mean it was like a complete depression. In those sessions was sometimes very difficult because</p>	<p>D's metaphor for desperation was a slumped form; not simply helplessness but a holistic and totalizing depression,</p> <p>Despair was like a 'complete depression'.</p> <p>The despairing sessions felt very difficult</p>
<p>39. There was another guy, I don't think he had a particular issue of desperation but it would sometimes happen in the prison, not only in the prison, but quite often, that time would just start to take a long, long time and it would slow down and I would feel tired and it would affect me. It just that my limbs would feel heavy.</p>	<p>D experienced time as slowing down and he would feel heavy and tired in the presence of clients.</p>
<p>40. It felt sometimes torturous just for the session to go on, because the guy wouldn't talk, didn't wanna seem to cooperate, didn't seem to even wanna be there and then my first in my head reaction was well 'fuck, why am I here if you're not gonna make any effort at all.' So I suppose if you could call it desperation, or despair, my response to it and I keep getting those two mixed up. I've noticed desperation and despair, they seem to be different, but I'm complicating them.</p>	<p>At times the sessions felt torturous for D as the client wouldn't talk or cooperate.</p> <p>D's reaction was to respond in his head by saying, 'fuck, why am I here if you're not gonna make any effort at all'.</p> <p>This was D's response to desperation or despair.</p> <p>D noticed he confused desperation and despair despite them seeming to be different.</p>
<p>41. One of my responses is that it hits me in the body really and as much as that person feels emaciated and</p>	<p>D's experiences a bodily response to the clients despair.</p>

<p>reduced, I feel heavy, slowed down, wishing to go home 'cos this would always seem to be on a Monday afternoon, looking forward to getting through the door, seeing my wife being back at home and an escape from feeling so tired and myself feeling so slumped and heavy, almost somnambulistic.</p>	<p>D feels emaciated, heavy and somnambulistic.</p>
<p>42. Within that sometimes, there was a reaction like a sharp little pin prick of aggression, 'pull yourself together, I don't want you to infect me with your comatosed, heaviness'.</p>	<p>D notices an urge to go home and leave the prison.</p>
<p>43. The fourth guy was, was different and I think the words that I would use here, are very different to how I've described it before, and maybe a little bit inappropriate but a different kind of despair as well.</p>	<p>At times D noticed an internal reaction like a sharp feeling of aggression.</p> <p>The aggression was linked to D's feeling he had been infected by the client's heaviness.</p>
<p>44. He was also someone who I'd, as it were, taken an interest in. Some people I suppose have bigger difficulties or for whatever reason, pose more of a challenge for you as a clinician or capture your imagination a little bit more and this guy I worked with for also quite a long time.</p>	<p>The fourth client exhibited another different kind of despair.</p>
<p>45. And I think the way he was engaging me often was to kind of conduit to that hope and, and also he would come and place me as you're the kind of person who can understand me, you know what's it's like and also lived in South Africa. Whereas these other people don't know what it's like. So there was kind of an identification thing happening.</p>	<p>The client captured D's imagination and they worked together therapeutically over a period of time.</p>
<p>46. Weirdly enough, I would say that there was, it sounds a bit</p>	<p>The client engaged D to conduit to hope as it was believed that D would understand the client</p> <p>The client and D were originally from the same country and D wondered whether the client identified with D for this reason.</p>
	<p>Despair and love or some kind of hoping attachment are closely aligned.</p>

<p>overdone or an attempt to make it overly poetic but that the despair and love or despair and some kind of hoping attachment or despair and some kind of affinity, those things were quite closely aligned.</p>	
<p>47. So despair here seems very different to the other ones that I've spoken about and I mean if I had to hypothesise, think about imaginatively despair in other situations, I remember once, years ago, about 1993, I remember there was a big party at the University I used to attend and it was where all the fine art students were and in those days, the final year of fine art students always looked like wow, they've arrived. They seemed to have a different sexual existence or something; they seemed to be more mature and more vital somehow. And I remember, I saw at this party, one of these higher level fine art students, crying and crying her eyes out but like in absolute forlorn, abandoned despair. I can't remember exactly where she was but somehow she was near the party, people didn't seem to be taking much notice and it was almost like it was a ditch, those are the words that I try to memorize it and although there wasn't a ditch around there, it was in a kind of recessed area. I felt such a pull of trying to wanna help her, to do something for her and try to console her and to be honest.</p>	<p>The despair of love or attachment seems different to other forms of despair.</p> <p>D recalled seeing a graduating art student crying in forlorn, abandoned despair</p> <p>D felt a pull of wanting to help and console her.</p>
<p>48. Just incidentally I never said a word to that, that older student who's having her bad, bad time.</p>	<p>D never responded to the art student.</p>
<p>49. This now long, long ago memory of a different context which funnily was very linked to me</p>	<p>For D, this experience was linked to him wanting to train as a therapist.</p>

<p>thinking I would like to be a therapist, it was very much part of the parcel of there was a sense of I wanna help this person and not like an altruistic I wanna help this person but I'm pulled into it, I wanna be part of it, and I wanna be part of the person whose helping.</p>	<p>D noticed he felt pulled in by the despair and wanted to be 'part' of the person helping.</p>
<p>50. I kind of also separate that out from some kind of slight erotic appeal which is kind of odd, but I suppose I become aware of these kind of countertransference issues in other situations outside of the prison, and obviously, well I'm heterosexual and its more easily apparent with women than with men. There's like an erotic underpinning to it somehow. Not just I suppose in the sense that I want to be seen as the savior helping, but that there's something sexual about being in that role so anyways, feel like I'm going to stop talking about that so much anymore as it feels a bit compromising.</p>	<p>D separated this from erotic appeal which may become apparent in the countertransference, largely with women,</p> <p>There is something sexual about being in the therapist role; to be seen as the saviour helping the despairing client.</p> <p>D wanted to stop speaking of the erotic in the interview as it felt compromising.</p>
<p>51. It hooks into some kind of erotic sense of care or interest or role of narcissistically affirming role of being a helper. And it's wrong to say it's a turn on because it's not a turn on.</p>	<p>The work hooks into an erotic sense of care, interest or narcissistically affirming role of being a helper.</p>
<p>52. It's quite a potent kind of connection that one wants to have or responds well</p>	<p>The connection feels potent and is one people want to have.</p>
<p>53. But there is a kind of problematic, almost like a rescuer mentality and so, certainly in the case of the one guy at the prison I think I only saw just the tip of the iceberg.</p>	<p>D felt he only saw the tip of the iceberg with one prisoner he worked with</p> <p>There is a rescuer mentality working with despair.</p>
<p>54. In supervision and in countertransference, I'm aware of</p>	<p>D is aware of what can occur in supervision and in the</p>

<p>some of that stuff can happen and maybe that also gives some context to my earlier metaphor of someone in despair being like a brick wall. There was not going to be any budging on my part, that I wasn't going to be moved by it, or needed to be, because it's almost as if watch out, if you do get moved it connects to something and it connects to a certain kind of psychological role.</p>	<p>countertransference.</p> <p>D won't allow himself be moved by the clients despair as he fears it connects the therapist to this problematic psychological role.</p>
<p>55. The context of his case had been that he was pretty psychotic and we spent a lot of time talking, and what always amazed me about him was that he could conjure up a story or he could write a novel virtually in the distance of time between one session and the next and all of these things took on the contorted, obtruse form of a theatre production where he played out the proof of his innocence; a kind of paranoid scenario in a book where he was being persecuted by all the women of the world, all these kind of things.</p>	<p>One psychotic client could produce written material between sessions.</p> <p>The written material was a contorted and obtruse form of theatre paying out the client innocence, paranoia etc,</p>
<p>56. I think in some senses why it was different with him was because he was a man and because he was clearly very psychotic. So it was harder to be seduced by his despair you could say. But yes there was definitely a form of attachment and certainly the big guy, who had to move prisons and this guy who was despairing in a different way, I think that's part of what has made them so memorable to me as cases I'll never forget.</p>	<p>D wasn't seduced by the male clients despair but felt that was due to the clients psychosis and gender.</p> <p>However there was a form of attachment between D and the client.</p>
<p>57. I forget exactly what happened right towards the end with him but I also had to put him on an ACCT and he was the same guy who said</p>	<p>D had to put the client on an ACCT as there were many factors affecting the client.</p>

<p>to me he doesn't like it when that happens and again my logic here was, one isolated thing may not seem enough but if there's three or four. A family relationship had seemed to have come to an end. I think his relationship with his father had gone awry.</p>	
<p>58. He had spoken a little bit about suicide, about ending it all, about there was no hope and I remember in that last session with him, he had also said there's no-one who would hear this as no-one cares, no-one listens to the story and I'd said I'm listening to your story, which in a way meant help, but also meant no help 'cos he knew it was he last session and there was something else, just about the futility of things.</p>	<p>The client spoke about suicide and his experience of a lack of hope and lack of care from others.</p> <p>D wanted to communicate that he was listening to the client.</p>
<p>59. I think for him despair here does link a bit to desperation because he'd been trying to write letters to get some proof as he was trying to overturn a number of sentencing and what he was charged with and he'd got some evidence, but for him, at least the way he would describe it, for every little step forward he took, there was some debilitating thing that knocked him back. One incident involved him receiving a letter that was formally said he was on a sexual offenders register and he was just very demoralized about that.</p>	<p>In this case, despair is linked to desperation.</p> <p>The client repeatedly tried to move forward but seemed to be continually debilitated.</p>
<p>60. I can't remember all of the things but I felt that he was and I thought that he was a real danger and in real danger of trying to do something.</p>	<p>D felt the client was in danger of attempting something.</p>
<p>61. The thing that also sticks in my memory is that, with the second guy I told you about, I felt guilty about putting him on an ACCT,</p>	<p>With a previous client, D had put him on an ACCT and was unsure whether he had told him he had submitted the documentation.</p>

<p>and I forget for sure whether I told him or not I had done it. Surely you should there's some kind of general decency, I think I probably did but I really had to steer myself to do that.</p>	<p>D thinks it's decent to alert the client however need to steer himself to do it.</p>
<p>62. With this guy, I did do it, I suppose I did have to steal myself a little bit, but the way he responded to it, was OK, if he responded to it in a way which made me know, seemed to know that it wasn't persecutory to him, rather it was a sign of care, a sign of love, whatever.</p>	<p>The client responded to it seemingly by acknowledging it was a sign of care or love.</p>
<p>63. I think that was also quite key to why for me despair there was linked to a kind care.</p>	<p>This event was key to D developing his understanding of a link between despair and care.</p>
<p>64. It relates to not just a sense of caring, a sense of being able to save someone and a kind of dull edged erotic self-elevation care for the other but also I wanna say some kind of love because it's not just to be reduced to some kind of erotic thing.</p>	<p>D reflected that it related no just to care or love but to saving someone or a 'dull edged erotic self-elevation care'.</p>
<p>65. I think there must be other examples in life when I've seen despair like that, but I don't remember certainly not here and now, of someone in the grips of such utter desolate kind of expressed wailing kind of despair as she was.</p>	<p>D can't remember seeing another person in the grips of utter despair as the art student was.</p>
<p>66. Someone else in despair can have quite a profound impact on someone I think and maybe you don't always know what to do about it.</p>	<p>The others despair can have a profound impact on someone.</p> <p>You don't always know how to respond to despair.</p>
<p>67. The intensity of what that person is feeling at the time cannot seduce you, well maybe seduce you, but it can be a bit of a magnet, it's like a tractor beam it</p>	<p>The intensity of the others despair may be seductive.</p> <p>D described despair as a magnet or tractor beam pulling you in.</p>

<p>can pull you in and just by virtue of the fact of the intensity that they're feeling, it can give you some kind of intensity of feeling as well.</p>	<p>It leaves the other with an intensity of feeling also.</p>
<p>68. And you don't necessarily feel the same thing 'cos you're not despairing in the way they are but you are feeling something, cannot always, but you can feel something intense.</p>	<p>D feels that in response to the others despair, you don't experience despair in the way the other is despairing but you experience intense feelings.</p>
<p>69. It's almost then to say that in that situation, the intensity of someone else's despair can summon or draw out the intensity of your reaction, the intensity either to try and do something, to take care of, to be with or, or feel something.</p>	<p>The intensity of someone else's despair can draw out the intensity of your reaction.</p> <p>The intensity may lead the other to want to do something, take something or feeling something.</p>
<p>70. The prison context funnily enough in some ways I think for some of the people there really was part and parcel of why they were despairing because it was kind of stolid, it was obdurate, and didn't move. The walls were solid, the structure was solid, it was unbending and it was all those things that sometimes made the little draconian authoritarianism of guards and routine, really problematic and so many of the guys would go on and on about how its drained them and worn them down.</p>	<p>The prison context was part and parcel for why the prisoners were despairing.</p> <p>The prison is stolid, obdurate and unmoving.</p> <p>D found the draconian, authoritarianism of guards and routine to be problematic and wearing for the prisoners.</p>
<p>71. The prison very quickly became part of who was the enemy and the inability to get into some kind of dialogue or conversation with the prison, or its representatives, officers, was, part of what depleted them.</p>	<p>The prison becomes part of the enemy.</p> <p>The inability to have a dialogue with the prison, officers and representatives depleted the prisoners.</p>
<p>72. But on the other hand in the minimal moments of countertransference that I've described to you in, in the prison,</p>	<p>Within the countertransference, the un-moveable and un-bending qualities of the prison helped D as a trainee psychotherapist to not be drawn into the</p>

<p>all of those things that I've just said, the solidness, the unbending and unmoveable qualities of the prison are what helped me as a trainee psychotherapist not be too much drawn into it, because you could close a door and go home and the odd thing was I lived very close to the prison, I could walk back in seven or eight minutes so my home was very close to where the prison was at the time, But you shut the door and I think it helps.</p>	<p>despair.</p> <p>Shutting the door physically and metaphorically helped D.</p>
<p>73. I mean I sometimes see people here in my office and in different contexts and the more anonymity and the more there's a kind of mediation of the structure, the less chance there is of me being drawn in to someone else's despair in a countertransference in an unhealthy way.</p>	<p>The more anonymity in the dialogue, the less chance there is of D being drawn into the others despair in the countertransference in an unhealthy way.</p>
<p>74. So yeah, the prison context was something and I dunno if you could say it itself caused despair or if it was a contributor to the fact that despair would somehow be there.</p>	<p>D wasn't sure whether the prison context caused despair or was a contributor to the despair.</p>
<p>75. For me it was a comforter, not a comforter but it made it easier for me to deal with their despair because some things you weren't going to be able to change and it remained an unchanging anonymous structure which can absorb some of it.</p>	<p>For D, the prison made it easier for him to deal with the clients despair.</p> <p>D acknowledges that some things you cannot change and as an unchanging, anonymous structure, the prison absorbs some of the despair.</p>
<p>76. I would always say in the prison, there's only so much I could do, let's put it that way, or I could always rationalize to myself there's only so much I can do 'cos it's a prison.</p>	<p>There was only so much D could do as a therapist in the prison.</p>
<p>77. Outside of the prison I think dealing with despair would have</p>	<p>Outside of prison, D would find it more difficult working with despair.</p>

been more difficult.	
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E. Laura

Meaning Units	Main Element of Meaning
1. First of all I would say it would be how did I experience because it's quite a while ago now. I'm calling on the experience from about 5 years ago. I suppose I worked with maybe half a dozen different clients.	L worked in a prison 5 years ago with half a dozen clients.
2. And think about it, I guess all of them experienced some level of despair.	L thinks that all of her clients experienced some level of despair.
3. I think the weirdest thing I found about working with clients in the prison was the fact that I had to lock my clients in. I don't think I ever recovered from that and I thought, what that felt like and in a way that left me with a sense of despair because I felt that that was against my ethos. Why I was a counseling psychologist was that you're trying to set people free to have agency and do their own thing and makes decisions for themselves yet I was locking my client in and there's something quite symbolic about turning a key on somebody after you've tried to help them be free and there was something quite odd about that I thought.	<p>L struggled to lock her clients in the room and hasn't recovered from the sense of despair L felt.</p> <p>Locking clients in was against L's ethos as a counseling psychologist to help clients find freedom, agency and ability to make their own decisions.</p> <p>There was something symbolic about locking a client in after you have worked with him to find freedom.</p>
4. I suppose the fact that they are so much within the system and in the institution that again they, when they become institutionalised, you're trying to have talks with them and be alongside them and yet you are so sort of shut in yourself as to what you can do and what you can't do. It's a very different experience to sitting in this room here where if you want to you can walk out of the room	<p>Despite trying to be alongside them, the client's become institutionalized and therapist feels shut down with regard to what they can and can't do.</p> <p>There is no way out for the client when seeing a counselor in prison as they can't leave.</p>

<p>and say you've had enough I don't want to do it anymore.</p>	
<p>5. Yet in the prison, in fact I can think of one occasion where I was with a client who suddenly said I just don't want to talk about this particular issue anymore, he had, I can't think what it's called, but the blood condition a lot of people from a black background have. He felt that if he talked about it, he would have to face the fact he had the condition and he knew the issue he really needed to talk about was that and because he didn't want to go there, because he felt it was too distressing, he wanted to stop talking and I said well of course you can stop talking. But, there was something very odd about it thinking most clients can just walk away, they can choose not to come, so it's very different, it's like nothing else you work with, having somebody who's shut in.</p>	<p>In one session, L's client said he didn't want to talk anymore as it felt too distressing and L said he didn't have to continue to talk.</p> <p>It felt odd as clients outside of prison can just leave or not attend.</p>
<p>6. Then the whistle started blowing and it was a lock down and he couldn't leave then room, and I sat there and, we had to look at each other. We both started laughing because the irony was huge and I think maybe that's a lot of way, about how, I suppose experiencing despair often turns into black humour with clients because actually what else could you use.</p>	<p>The whistle blew and it was a lock down so L and the client had to stay in the room together.</p> <p>It turned to black humour which despair is often associated with as there was nothing else L could do.</p>
<p>7. So I said to him well I'm afraid you are stuck with me whether you like it or not, but we can talk about the weather if you like, which again, in a way, how do you talk about weather when you're locked in.</p>	<p>L reflected on how the client was stuck with her and physically locked in.</p>
<p>8. I had another guy who I went to</p>	<p>Another client who L worked with didn't</p>

<p>see and, or meet at the usual time and he wasn't there and I went to find the guards and said 'do you know where so and so is' and they said 'oh he's had a bit of a, what do they call it, he's kicked off and he's in the block and he's locked up'. I said 'so can I still see him' and they sort of looked at me amazed as if to say would I still see him and I said 'well, it's our therapeutic time, yes, if I am allowed to'.</p>	<p>attend the session and after asking where he was, L was told by staff he was in segregation for kicking off.</p>
<p>9. So I walked down to the discipline block. I can't remember what it's called now but I saw him there and his face when he saw me, I thought that man was in despair and I had a sense of, I thought I can do what I can for you in this situation. He was about to see the governor and be told off and be reprimanded and be denied privileges and whatever else.</p>	<p>Staff were amazed that L still wanted to see the client for their session.</p> <p>The client was in despair and L felt his also, questioning what she could do for the client in the situation.</p>
<p>10. I suppose the feeling of and experience of despair. All you can really do is be alongside them and sit with it.</p>	<p>Working with despair, all you can do is be alongside the client and sit with it.</p>
<p>11. I think the most depressing time I ever felt in prison, and to me that is quite a long way beside despair maybe.</p>	<p>Depression is a long way besides depression for L.</p>
<p>12. I actually went in on Christmas Eve and New Year's Eve the first year I was there because I went on the Saturday and they both fell on the Saturday and the atmosphere in prison was so very different on those days. There was a very, very strange, can't even describe it. It felt like the whole mood has dropped. It felt like people were kind of waiting. There was just an aura about the place that was different from any other time I</p>	<p>L worked in the prison on Christmas Eve and New Year's Eve and the atmosphere dropped and was one of waiting.</p> <p>L felt awful that they would be in prison whilst she would go home to celebrate.</p>

<p>had gone and I just thought how awful. I'm leaving here to go home to be with my family and friends and to celebrate while they're stuck in this place.</p>	
<p>13. Mostly because of something they've done, but it felt inhumane.</p>	<p>Prisoners are so because of the crimes they have committed, however the prison feels treatment feels inhumane.</p>
<p>14. There was yet another man I used to see and he was only 23 and so he was only just at the edge that he could be in there. I used to see clients on the sex offenders unit and he may have been in the same year, at the same college as my son I think. I never actually found out, but the sort of, things he said, and the places he had been, I thought there but for the grace of God that could have be my son there now.</p>	<p>L saw a 23 year old sex offender who was the same age as her son.</p> <p>L reflected on how this could have been her son in prison.</p>
<p>15. Sometimes I'd be on holiday and somehow the sense of him would be with me sometimes I'd be driving down a country lane and thinking this young man should be out experiencing the countryside and the sunshine and he's locked up and that left me with a sense and a weighed down feeling.</p>	<p>When driving or on holiday, the sense of the client would be with L.</p> <p>The fact that the prisoner was locked up and not experiencing the world left L with a weighed down feeling.</p>
<p>16. I feel like I'm going all over the place with this question.</p>	<p>L felt she was going all over the place speaking about despair.</p>
<p>17. I think it was time to really pull on supervision and it was immensely helpful to explore those feelings because in fact what it did for me.</p>	<p>L found the supervision helpful in exploring her feelings.</p>
<p>18. When I think about experiencing despair, it's quite an existential question.</p>	<p>For L, despair is an existential question.</p>
<p>19. Before I started practicing in the prison, I was a black and white</p>	<p>Before practicing in prison, L was a black and white Christian, convinced of her</p>

<p>Christian. And I was the leader in our church of the services. I taught Alpha courses. Very, very, not fundamentalist but very convinced of my faith and actually that's gone since being at the prison.</p>	<p>faith.</p> <p>The faith has gone since working in the prison.</p>
<p>20. I suppose in a way that is quite a radical thing it, 'cos, what I found it did, was weighing up people's views and prejudices that they held about these men I saw and then the faith they said they held really challenged me. I thought I cannot maintain integrity and continue to practice this faith alongside what I can see in front of me with these men.</p>	<p>The prison experience led L to weigh up people's views and prejudices about these men which challenged her faith and her views of the men.</p> <p>L felt she couldn't continue to maintain integrity and practice her faith.</p>
<p>21. And so I suppose it changed me fundamentally and I suppose it was experience of their despair, their fear that society had given up on them.</p>	<p>The experience of the client's despair and their fear that society had given up on them changed L fundamentally.</p>
<p>22. I felt that they had been judged twice because having been with them in the prison and got to know them, I've seen that, I think everything I saw had a disorganised attachment and had some sort of disastrous relationship or no relationship with parents and then reacted in what would be I suppose a fairly normal way. If somebody's mistreated then the chances are they are gonna, they're not gonna turn out as you would expect or would hope, then society turns round and locks them up because they react to what's happened.</p>	<p>L felt the clients were judged twice.</p> <p>Every prisoner L saw had a disorganised attachment and either no relationship or a disastrous relationship with their caregiver.</p> <p>L felt the men reacted in a way consistent with the maltreatment they had experienced.</p>
<p>23. I'm burbling, but it just felt I couldn't have this Christian faith with its very moral judgments about what's right and what's wrong and then see these men and think, well they're still people,</p>	<p>The work questioned L's Christian faith and its moral judgments as she was forming strong relationships and feeling fond of the prisoners.</p>

<p>and I can still form strong relationships with them and feel very fond of them despite what they've done. I don't know how else to explain it really.</p>	
<p>24. I suppose it took me to despair in that it made me really think about life and death and about right and wrong, about judgment. About how we judge other people and how we judge ourselves.</p>	<p>L felt despair as the situation led her to think about life and death and judgment towards ourselves and others.</p>
<p>25. Whether you can do anything so awful that it's not forgive, not forgivable. Whether locking people up actually makes any difference, whether it can change behaviour.</p>	<p>It questioned whether you can do something unforgivable and whether prison can change people's behaviour.</p>
<p>26. Thinking back to this young man who was 23. He described the experience of one minute doing his crime, he was in the process of raping a woman and the police headlights turned up, caught him in the act. He said you know I was roughly handled, thrown into the police van, taken to the prison, bright lights and the next thing I know I'm thrown into Wandsworth prison and the shock of it. He admits what he did was wrong but it's cold and it's very hard to understand the immediacy of it.</p>	<p>The 23 year old client described his experience and shock of committing the crime and being taken to prison.</p> <p>The prisoner admits his crime was wrong however the cold and immediate arrest was hard to understand for L and the client.</p>
<p>27. I remember another man who was locked away for having a sexual relationship with his stepdaughter who's about 13. One minute he was in the family home, the next minute he's gone and it's hard to imagine the transition between being in what feels normal outside to inside.</p>	<p>Working with another client in prison who had a sexual relationship with an underage stepdaughter, L found it hard to imagine the transition between normal life and his being in prison.</p>
<p>28. I wonder if a shorter sentence actually wouldn't help in some ways because they become</p>	<p>L wonders if a shorter sentence would be more helpful as the prisoners become institutionalized and lose their sense of</p>

<p>institutionalised, they lose any sense of society and the longer they're there, the more prison life feels like it is and you do feel a sense of despair whether you can help them to change. Or if do they want to because they want to be in the same place.</p>	<p>society.</p> <p>The longer they are in prison for, the worse the situation becomes.</p> <p>It leads therapists to feel a sense of despair as it is unclear whether they can change or want to change.</p>
<p>29. It was quite early in my training, and at that time we were training person-centred, then CBT and then psychodynamic. At that time it was meant to be a psychodynamic placement and what I found was that for some of those men, psychodynamic was just not a way they could grasp or work with, so quite often I would revert to a person-centred approach.</p>	<p>It was at the time L was working psychodynamically however this was not an approach the prisoners could grasp so quite often she reverted to a person-centred approach.</p>
<p>30. I think for some of them, just to be alongside and just to empathise was a very new experience for a lot of them. I think where they had that disorganised attachment that, to have someone empathising was something very different and some of them seemed to revert to being very small children.</p>	<p>To empathise and be alongside the client was a new experience for a lot of them.</p> <p>Due to their disorganised attachments, many reverted to being small children when they were empathised with.</p>
<p>31. A lot of the time I found myself being almost containable mother. That was often the place where I felt I ended up. I think that's probably my preferred therapeutic place anyway but it did seem to draw me a huge warmth, a huge love for them, a huge desire to be kind and to nurture. 'Cos that kind of felt what they'd lost or missed out on altogether.</p>	<p>L often took up the place of the containable mother which is her preferred therapeutic place.</p> <p>L felt a huge desire to be kind and to nurture the clients as it was what they had lacked in their lives.</p>
<p>32. One guy I saw he was the one I saw probably the longest. He talked in a very disparaging way about his mother and it did strike me when he talked about her, that</p>	<p>One client L saw for a long period of time spoke about his mother in a disparaging way.</p> <p>Although he appeared warm towards L, if</p>

<p>even though I thought he was very, very warm towards me, if this flips round and if for some reason he decides that I am the cruel mother, I could be in real trouble here. I just wondered if what might happen if for some reason he found me to be rejecting. I used to worry about breaks, how he would cope with the breaks, and whether he will see me as being a rejecting mother.</p>	<p>he experienced her as the cruel of rejecting mother, she felt she would be in danger.</p>
<p>33. It turned out later because he left the prison and was actually released and then a few weeks or a few months later, he was back again and he wanted to see me again. He explained that he was already set up to see someone else and I said to him at the time, I can't see you the at the same time as you're seeing someone else as that's not how it works but please always say hello to me 'cos I thought, ill kept the relationship with you. But I had contacted the other person to find out and they said 'well I'm not sure I can work with him because he's got antisocial behavioural disorder and he's been really quite violent with other people'. I though oh crikey, so my instinct had been right.</p>	<p>The client was released from prison but returned a short while after release.</p> <p>He requested to see L again however she could not work with him as he was due to see another therapist.</p> <p>On talking to the other therapist, L realised he had a diagnosis of Antisocial Behavioural Disorder, had previously been violence and her instinct had been correct as the other therapist felt she was unable to work with him.</p>
<p>34. But I found with him that he responded so positively to the warmth and to the nurturing that I never really felt particularly unsafe.</p>	<p>The client responded positively to the nurturing so L never felt particularly unsafe.</p>
<p>35. He used to be frightened or disturbed by the fact he knew he was disturbed because he would tell me that at night he sometimes had the sensation of someone sitting down on his bed when he knew there was some, nobody</p>	<p>The client was disturbed by his own disturbances and psychotic episodes.</p> <p>In the session he referred to auditory hallucinations taking place.</p>

<p>else in his cell. And one time he stopped and said ‘can you hear that noise’ and I said ‘what noise are you referring to’, ‘cos obviously the prison, there’s lots of noise. ‘A bell ringing.’ And I thought no, there’s no bell ringing and I said ‘well maybe you can hear it maybe I can’t, just because I can’t hear it doesn’t mean to say you can’t hear it’ and I thought hmm. psychotic episodes.</p>	
<p>36. There was a feeling of, have I got the skills to help this man. I don’t know if I’ve got enough expertise. I thought, I’m getting signs that maybe he has got maybe disassociative identity disorder, some sort of personality disorder there, I don’t know if I’ve got the skills to handle this.</p>	<p>L wondered whether she had the skills and expertise to help the client.</p> <p>L saw signs that the client had a personality disorder or disassociative personality disorder.</p>
<p>37. So back to supervision and what do I do.</p>	<p>L took this to supervision.</p>
<p>38. And I found the supervision at university was extremely unhelpful at that time. We used to have group supervision and my for my supervisor, we used to have to take in a bit of tape and I played it and she freaked when she heard this man and that made me feel quite distressed because she said I think he’s too dangerous for you to work with him and I thought you’ve only heard his voice, why would you think that. And that made me think maybe I should be really frightened of him. I found that a very disturbing time, and to have said that to me on the Friday when I had to go and see him for a session on the Saturday was not helpful. I felt it disrupted my relationship with him. ‘Cos it then made be question whether I should be frightened.</p>	<p>L experienced university group supervision to be extremely unhelpful.</p> <p>L played a tape recording of a session and the supervision state the client was too dangerous for L to work with which distressed her.</p> <p>L questioned whether she should be frightened of the client and this disrupted the relationship.</p> <p>It particularly disturbed L as her session was the following day.</p>

<p>39. I think because I was in training at the time and I was ironically in psychodynamic training, that there was probably a parallel process running round.</p> <p>40. A lot of the time I felt in despair and whether or not that was whether, it was the men and what was going on in the therapeutic relationship or whether it was the studying and also I was carrying a very heavy workload outside it, whether it just was circumstance but sometimes it could feel overwhelming. I felt I couldn't influence, make a difference. I also had the faith bit going on, feeling that where I'd had support from the church, I didn't want to pull on it 'cos I felt they were being hypocrites and they had a lack of integrity so in lots of ways I was experiencing despair to what extent that was me having a parallel process or absorbing their despair</p> <p>41. So what can we do with it? What I wanted to do with it was walk away from it I think because despair can feel overwhelming and it can feel like you want to commit suicide. It can drag you down.</p> <p>42. Again that was where my supervisor at the prison was enormously helpful because I think what can we do with despair, we make sure we talk to other people about how we feel. I think that's one use. Her supervision was immensely helpful and then I had the experience of the university I phoned her and said this happened and she said 'oh for goodness sake, how ridiculous', which was</p>	<p>L wonders whether there was a parallel process occurring as she in psychodynamic training.</p> <p>L often felt despair and wondered whether this was the men's despair, what was occurring in the therapeutic relationship or a parallel process.</p> <p>L also questioned whether her despair was about the strain of her training, heavy workload and changes to her faith.</p> <p>L often felt overwhelmed and as if she couldn't make a difference.</p> <p>What can we do with despair?</p> <p>L wanted to walk away from it, as despair can be overwhelming.</p> <p>Despair can drag you down and lead you to want to commit suicide.</p> <p>Supervision was helpful for L as when working with despair, therapists need to make sure they work through and think about how their feel.</p> <p>L spoke with her supervisor about the unhelpful university supervision experience and the supervision challenged the universities presumptions.</p>
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<p>that very pragmatic approach. 'What's the women talking about, of course not, he's just a prisoner who needs your support and help the same as any other so take no notice of her, of course you don't need to be frightened of him. What reason have you had apart from her opinion' and I thought yeah that's true.</p>	
<p>43. So probably I think one of the things we can do with despair is seek support to feel that we are not being overwhelmed by somebody else's despair, it can feel like you are being pulled down with it if you're not careful.</p>	<p>When working with despair, we need to seek support to feel we are not being overwhelmed.</p>
<p>44. I think at times it was tempting to revert back to a CBT approach and my feeling still to this day is that CBT is a sort of let's stick a plaster over an oozing sore and hope it goes away. But I think there can be a tendency of either wanting to back away from it and not to actually go in with somebody because it can feel too much.</p>	<p>At times it was tempting to revert back to CBT to back away from the despair as it can feel overwhelming.</p> <p>But the CBT approach was like sticking a plaster on an oozing sore and hoping it goes away.</p>
<p>45. So I think probably I tried lots of different things, one's to be alongside and almost wallow in it with them, one was to back off completely, another one was to try some sort of facetious ritual type thing of CBT so tell me the worst thing and what's the worst thing that could happen and black and white thinking and to try and do all those sorts of very mechanical type things and thinking this is just crass actually.</p>	<p>L tried different approaches; to wallow in the despair alongside the client, to black off completely or to try a facetious ritual type CBT work which felt crass.</p>
<p>46. You begin to despair with what you can do with despair. It's not an easy thing to work with.</p>	<p>The therapist can despair at how to work with despair because it is so difficult.</p>
<p>47. Because what do you say to</p>	<p>How can you respond to men in pain and</p>

<p>somebody who says my wife says I can never see my child again. I'm talking about another client now, the one who had sex with his stepdaughter of 12 or 13 and they'd had a baby together and she would not contact him or allow him any access and you think well have you lost every right to see your child. I don't know the answer to that question, but all in know is that man was in a lot of pain.</p>	<p>in hopeless situations?</p>
<p>48. I suppose the opposite of despair is hope. And I suppose sometimes what I would explore with them was what hope they did hold for the future, what they could imagine for themselves. So sometimes to say so yes this terrible thing has happened we will acknowledge it and to say so you know, in 5 years or in 10 years whatever you will be, you will be out of here so what do you see for your future. So maybe that was another thing was to sometimes help them to future plan and look, and look to the future.</p>	<p>As hope is the opposite of despair, L would explore the client's hope for the future.</p> <p>Sometimes L would facilitate the clients to acknowledge their past but also look forward to and plan for the future.</p>
<p>49. The guy who went out of prison who I said I'd seen when he went the first time. Obviously we planned it as if he wasn't coming back and I bought him a card and he had talked a bit to me about he's got two sons and the fact he enjoyed going fishing with them, so, it was a picture of a lake and a fishing boat. I think I wrote something in the card like, 'hoping you will have time with your boys doing some fishing' and almost trying to capture what he had held as some form of hope and what was happening in the future. So almost holding that hope that was there for him and</p>	<p>On leaving the prison, L bought the client a card to capture his hope for the future.</p> <p>L was holding the hope for the client and with the client.</p>

<p>with him.</p> <p>50. And also maybe discussing that just because he had had an awful deprived childhood, doesn't mean to say necessarily it had to happen again with his boys for their future. It did not necessarily have to be repeating the cycle, and that he did have some agency to facilitate change.</p> <p>51. As I am sitting here talking about it I feel quite sick actually. I'm surprised I actually feel physically quite sick so maybe it's something. It's quite a physical reaction what I'm having as I'm talking about it.</p> <p>52. And when I'm going quiet, I'm remembering that sensation is like a pit of the stomach bleugh. It's a huge black cloud that just sits over you and you feel like there's never going to be a sunny day again; it's that. It's the pits of despair stuff, it really is.</p> <p>53. People talk about the fact that people make choices when they commit suicide. My personal belief is that they don't and that they are so overwhelmed with despair that it's like they can't ever believe there's ever going to be a sunny day ever again.</p> <p>54. But it's just black; there's nothing else. I think it's an overwhelming sensation that you are never gonna get out of whatever it is there's no escape and there's just no hope there. Despair I think is the lack of hope most definitely.</p> <p>55. And a kind of desperation seeking comfort from me that almost like you've got to have some hope for me somewhere that it was almost</p>	<p>I would also discuss how the client had agency and could facilitate change, which mean that the cycle of deprivation didn't need to continue and be passed on.</p> <p>Talking about despair in the interview, L felt a physical reaction which left her feeling sick.</p> <p>Despair is a put of the stomach sensation; a black cloud that sits over you and blocks the possibility of light and hope.</p> <p>L's personal belief is that when people committee suicide, they don't make choices and in fact become so overwhelmed they can't consider the possibility of light ever again.</p> <p>Despair is black and nothingness. Despair is an overwhelming sensation where there is no escape and no hope.</p> <p>Despair involves a desperation seeking comfort, where the other wants you to have hope for them.</p> <p>L felt clients try to leech some sense of</p>
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like leeching it off you trying to slurp it out of you some hope from somewhere.	hope from her.
56. So maybe there was just a little tiny bit somewhere that there's just a seed of hope maybe that's what keeps us going actually maybe we're not completely overwhelmed with despair. There's always just the tiniest little flicker somewhere, 'cos otherwise why would they have sought counseling at all if they were in utter despair. But also maybe it's the human condition just as I said to hold on to the smallest, lightest little thing that if there's anything you can grasp on to, that you will.	<p>The seed of hope may keep us going so we are not completely overwhelmed with despair.</p> <p>This is the human condition to hold onto the smaller signs of hope.</p> <p>If the clients had been in utter despair without any hope, they may not have sought counseling.</p>
57. I think they portrayed, a lot of them, desperation as much as anything.	The client expressed their feelings of desperation.
58. It's almost like being down a well and somebody's. There's a rope just dangling you might just be able to if something might just pull you out if you. But you gotta somehow find the strength to reach up and grab it. It's that kind of feeling and that's the kind of sense I got from them that, it's one well of a struggle but they could.	The struggle in the work was like the client was down a well and despite seeing the rope dangling which symbolize hope, they had to find the strength to reach for the rope.
59. 'Cos when I think back to those times, there was a huge waiting list where people wanted the counselling and they wanted hope, they wanted somebody to be with them and they had hope for the counseling in that it would make a difference.	There was a huge waiting list for counseling at the prison as the prisoners wanted hope and they felt that counseling could make a difference.
60. I would say despair was a common factor I think of being in prison.	<p>Despair was a common factor of being in prison.</p> <p>Comparing the work with despair in prison to private practice, L realised that</p>

<p>61. I'm just comparing it to a client I've just seen a couple of hours ago who just had a break up of a relationship and she was sort of despairing but then she said to me 'what will I do' and I said 'tell me the pros of having ended this relationship', because she ended it, 'and tell me the cons of it', trying to give her a sense of weighing up if you like. And she said 'oh life will go on whether I stay with this person or I don't, I will get on with my life, I will see my children, I will do whatever' and I'm wondering if that still happens in prison because there you haven't got your agency. Whether that's what the difference is, because she can choose to drive herself off down to the coast. I suppose there's more things you can distract yourself with if you're out in the world, you have more choices don't you, but it's in prison you're very limited about what else you can do. So maybe that what it's about.</p> <p>62. I suppose I mean that's why they're in prison; they're freedom has been taken away from them. Maybe it's that. So I'm not saying that people, other people don't experience despair of course they do. But you're opportunities for change and for choice just are so diminished in prison. I mean you don't even get the chance to go to the toilet in privacy. I mean it, it's a basic human right.</p> <p>63. Maybe if we are in prison we become more animal like that we feel like we haven't got choice and we haven't got agency and we can't, maybe that's what happens, I've not really thought about this before thinking about that, maybe</p>	<p>the difference lies in the fact that the prisoners lack agency.</p> <p>Outside of prison, there is more choice and distraction.</p> <p>Despair is associated with the fact that men in prison have diminished choice and lack of freedom and rights.</p> <p>In prison, we become more animal like and feel we lack agency and can't act.</p>
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<p>that's what it is.</p> <p>64. I think the reason why the guy who didn't want to stay with me and wanted to get away and then we had the lockdown, he definitely was like that. He was using his defences to say 'I just cannot face this feeling that my body won't do what I want it to do and it, I've got this problem.' So yes, I think that's why he wanted to get out of there because he felt he would crash and burn and that I would see him very, very distressed.</p> <p>65. Some of them would sit there and tell me just how they, they really did feel and the young guy who I worked with for about two years, when we finished, I can't remember why we finished because it was such a long time ago, I don't think it was choice, I think they were moving him and he bought me a book. It was a very strange story but it was about different realities and different perceptions and he actually wrote at the front of it that 'never forget Laura, that you always have a choice' which I thought, in a way he was talking to himself about the choices you make and the different realities you then incur. 'Cos he often used to say so it was a bit like the butterfly effect I suppose, and if the butterfly flaps his wings, what effect it has and so you're saying if I hadn't done this, this wouldn't have happened, that wouldn't have happened and now life kind of fits together</p> <p>66. Some of the others no not so convinced actually. I did have some, some of the men just sit and cry with me so. I think most of them did actually, not puff</p>	<p>The client was defended and could not fact his feelings.</p> <p>He feared his distress would lead him to crash and burn.</p> <p>Most clients were more able to speak of their feelings.</p> <p>One client bought L a book which had written in it a reminder of the choices we have as humans.</p> <p>L felt the client was talking about his choices and the different realities he would then occur.</p> <p>Some clients were more able to cry and be real.</p>
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<p>themselves up but were quite real with me actually, maybe I'm, but.</p> <p>67. You've got me doubting it now thinking about, but I think most of them were, but there were a couple who just couldn't tolerate it.</p> <p>68. I always thought how hard it was for them to be in counseling and that most of us who have experience of counselling can walk away and we can go sit in our car and have a few quiet tears and we can go and thump a wall or do whatever we feel we need to do. But to have to walk straight back out into there and not have anywhere private to go, I cannot imagine how awful that must be. To open all that stuff up and not have any privacy to kind of be left in peace to think about it.</p> <p>69. I used to worry what might happen to them. I never had one, but sometimes prisoners did commit suicide and I found that desperately sad thinking how desperate must you be and 'cos it was hard to commit suicide in there, you had to buy their ingenuity how they managed to do it but.</p> <p>70. I'm finding it quite sad remembering it actually.</p> <p>71. I think the prison officers have a huge impact of those men because obviously in a way they were their substitute family. They were there and I could always tell which officer was on duty because there was one who was particularly horrible and vile.</p> <p>72. I think the men felt very frustrated and wondered how to cope with</p>	<p>L was doubtful of whether prisoners could show their emotions and reflected that some couldn't tolerate this.</p> <p>L reflected on how difficult it was for clients to receive counseling and then have to walk back through the prison with its lack of privacy and peace.</p> <p>L worried about how the client's desperation may lead them to find ingenious ways to commit suicide.</p> <p>L found this realisation very sad.</p> <p>L feels the prison officers have a huge impact on the men as they act as a substitute family.</p> <p>L could tell who was on duty from the impact this had on the prisoners.</p> <p>The men felt frustrated and wondered how to cope with vile members of staff.</p> <p>Some staff would be kind but containing</p>
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<p>this man who was just vile, but others could be very kind and containing and firm which I think was exactly what they needed. They needed boundaries but kindness with it. And they would respond hugely to those officers. One time, I stood in the officers room because one of my prisoners</p>	<p>and the prisoners would respond to those officers as the prisoners need boundaries.</p>
<p>73. I can't remember wasn't there for whatever reason. I have an hour I had to wait and of course you can't really go out and come back in again and so I said 'so I've got a free hour' and they said 'ooh can we have some counseling then'. I said 'if you like' as I thought I'd call their bluff. They started talking about how they felt the despair of the place sometimes but how they were drinking too much and they knew they drank too much and about how they felt if a prisoner committed suicide and the fact that they have to just have a cup of tea and get on with it. And that there was nobody who they could talk to about how they felt.</p>	<p>On one occasion, the staff jokingly requested counseling from L and in the staff area, began to speak about their feelings of despair and resultant behaviours.</p> <p>If a prisoner committed suicide, staff felt they were expected to cope and move on</p> <p>Staff felt they had no opportunities to speak about how they felt.</p>
<p>74. In a way it all feels like a microcosm really, like a community quite separate from anywhere else unless you can step into that place to have a sense of how that feels it's hard for anyone outside to imagine what that is like. It's a completely different world.</p>	<p>The prison is a microcosm; a community separate from anywhere else.</p> <p>It is hard for anyone outside to imagine what this different world is like.</p>
<p>75. I was just thinking about the guy who abused his stepdaughter and his lack of understanding why his wife wouldn't let him see his son. I suppose his despair around that and how I worked with that was to try and help him to empathise if you like with his wife to imagine what that might have been like for</p>	<p>L worked with one clients despair by trying to get him to empathise and imagine how his crime had affected his family.</p>

<p>his wife to suddenly find what he had been doing to his stepdaughter and why she may have felt that a child was now at risk, and her anger and fury at being at what he had been doing with her daughter.</p>	
<p>76. He found this so hard and it was so seductive his way of thinking. I really had to keep pinching myself and almost think you know what he was doing was wrong, 'cos it was so easy sometimes to be swayed into their way of thinking. I say 'hang on a minute that was a child that you were talking about there', 'well she seduced me' and 'whether she did or she didn't isn't the issue, you were the adult and that is your responsibility to say no and to walk away or whatever it takes but not to respond to it'.</p>	<p>The client's way of thinking was seductive.</p> <p>L had to keep catching herself so as not to be seduced.</p> <p>The prisoners despair was often faulty thinking yet the prisons struggled to see this.</p>
<p>77. In that situation and in that atmosphere it could be very easy to be swayed over to their way of thinking so their despair could be very faulty thinking sometimes in how they 'but why won't she let me see my own son why would she not want that, why won't she make contact'. So, 'well let's just imagine what it's like in her world for a minute, where the police knock on the door and it's the first she knows of it. You've been abusing her daughter, why would she want you to see her child?'</p>	<p>Certain clients struggled to have the empathy to consider of understand the impact of their crime.</p>
<p>78. Some of them found that very hard to have that empathy to understand why and some of the work would be thinking about well the impact they've had and why somebody else might not want to see them, which felt cruel in some ways to think like that but also it's a reality check as well.</p>	<p>It felt cruel for L to bring this into the work however it was a reality check for the prisoner.</p> <p>A second prisoners who had planned to</p>

<p>79. Another guy I saw was in there because he had pretended to be a young girl on Facebook or whatever and had arranged to meet another young girl and his plan was to abuse her at the park. But it was a policeman he was actually talking to so when he got to the park he was met by a burly policeman rather than a 12 year old girl. And he couldn't understand why social services may not want him to have access because he said 'but I wouldn't do that to my own daughter' and I said 'yeah but she was somebody else's own daughter and, so, sometimes their despair and how you work with it was almost like trying to give them a sense of making contact with reality and to think about their twisted thinking around these issues.</p> <p>80. He did become very distressed 'cos when he really thought about it, he realised how he had managed to get into that way of thinking and I can kind of see it that the internet is a fantasy place and I used to say to them, 'think what you like, it's what you do with the thought that matters we can all have thoughts'. I said 'you know if we all did what we thought they'd be bodies stacked up outside and people being raped and we don't', so you know, I suppose a lot of the work I did was talking about the gap between the thought and what you do with it.</p> <p>81. But some of them as I said that was two of them, in fact I could think of another one who got a very distressing 'well I wouldn't do that to my own' but thinking, 'but that's not the point is it,</p>	<p>abuse a girl of 12 but was caught beforehand, was despairing over the enforced loss of contact with his daughter.</p> <p>L tried to challenge their twisted thinking around the issues and in doing so to gain a sense of reality.</p> <p>The client became distressed when he realised how he had become entrenched in a dangerous way of thinking and the internet as a place of phantasy.</p> <p>The work was talking about the gap between thoughts and actions.</p> <p>A further distressed client couldn't see the impact of his abusive crime.</p>
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<p>you've done it to somebody else's and that's just the same as, that's somebody else's daughter or son that you have abused'.</p> <p>82. Then we go full circle to usually they've got some form of abuse or something in their own background that stop them from seeing boundaries so they've been sexualized at an early age so how did you stop the cycle. Sometimes I felt quite despairing then 'cos I'm thinking well, you know why is it one person does it and another person stops, 'cos they could have both had that same experience but they're not in prison because they haven't done whatever it is but these people haven't managed to stop. So that's another interested question there, what and how do you stop that impulse.</p> <p>83. Sometimes I would feel a big dilemma in myself 'cos I'd feel enormously fond and attached to these men and at the same time you think, but look at what you've done. And I used to feel very distressed sometimes that I come home and, and my husband would say things like 'string them all up' and you think, oh but you don't know them.</p> <p>84. That felt a judgment on me in some ways, that I would spend time with people like that. That I found that very distressing and again that would be a thing for supervision.</p> <p>85. I had already finished the placement before the prison therapy finished and I found it very distressing the way it finished because in the end it became that they just concentrated</p>	<p>Usually the sex offenders had an experience of abuse or premature sexualisation in their backgrounds which affected their sense of boundaries.</p> <p>L questioned how the abusive cycle is stopped and why some who have experienced abuse can control their impulses.</p> <p>This led L to a place of despair.</p> <p>L would experience a dilemma within herself as despite feeling attached to the prisoners, she and others would hold the crime the crimes they had committed in mind.</p> <p>L felt judged over the fact that she spent time with these men.</p> <p>L found this distressing and discussed her distress in supervision.</p> <p>L had finished working in the prison before the service ceased to operate.</p> <p>L found this distressing and in the end the prison concentrated on the CBT Sex Offenders Treatment Programme and failed to provide independent counseling.</p>
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<p>on the SOTP didn't they and they no longer had the access to the independent counselling service and there was an outcry of despair about that, but from both sides because we could see the value of it and the feeling being pushed into the treatment programme with that CBT emphasis without really ever exploring what prompted the behaviour rather than just looking at behaviour and saying well thinking about your victim.</p>	<p>There was an outcry of despair from staff and prisoners as all could see the value of the work.</p>
<p>86. Because these men were victims before they'd got to do the crime I found that I was left feeling very exasperated and also pretty devalued about the work we've done.</p>	<p>L was left feeling exasperated and devalued over the work done.</p>
<p>87. In a way we could never let the prison know the work we've done because with the confidentiality of it, and that was the whole point, but that was where it got such a difficult argument to make, including what the value was of what we were doing.</p>	<p>L was aware the prisoners were victims as well as perpetrators.</p> <p>Confidentiality meant that the staff could never fully communicate the depth of the work carried out however this made it difficult to prove the value of the work.</p>
<p>88. I thought I mourn the fact it isn't still there.</p>	<p>L mourns the fact the prison counseling service is no longer running.</p>
<p>89. I had hoped that once I'd qualified, I might be able to go back and give some of my own time to do some work especially now I've got more experience and more qualification. It would be interesting to go back because I felt very green and unprepared and under trained and all of those things in that setting and I wonder what would be different if I went back and practiced now. Maybe nothing, who knows.</p>	<p>L had wanted to return to work in the prison now she has more experience and is qualifies.</p> <p>L originally felt unprepared and under trained in the setting.</p> <p>L is unsure whether she would feel any different working in the prison again.</p>
<p>90. I learnt probably more from them than they ever learnt from me and</p>	<p>L learnt more from the prisoners than they learnt from her.</p> <p>The experience had a positive effect on L.</p>

I'm glad I did it. They changed me completely I think as a person.	
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F. Sabine

Meaning Units	Main Element of Meaning
1. Ok. Since I agreed to participate, I thought about it and my slight difficulty here is how I separate out despair from others, for example I cannot really separate despair and take it out of the context of depression.	On thinking about how to respond in the interview, S acknowledged her difficulty separating despair from the context of despair and associated phenomena.
2. And also I thought how I would best approach this, so I would really like to talk exclusively about one client because that client to me shows such sign of what I perceive despair and maybe it would be useful to sort of try to come to some definition of despair.	S wanted to speak exclusively about one client who embodies what S perceives as despair. S thoughts it would be useful to arrive at a definition of despair.
3. This is the client I have been working with for two years and I think it's quite a long time especially working with somebody in the prison setting and in a sense, we've been very, very lucky that that time has been allowed us to work together. I'm sort of wondering if you would like to have a little bit of background, on this person. Obviously I will keep her anonymous so I will just give general information about her because I think that helps understand her, and how the work that I've been doing with her and how despair is part of err her make-up really. She is now 20 years old and when I started working with her obviously she was 18. She's in prison for ABH and kidnapping and that's quite a serious crime and she was sentenced to five years but she's going to service two and a half	S worked with a female 20 year old client for 2 years which is a long piece of work in the prison setting. S thinks that despair is part of the client's make-up. The client is in prison for ABH and kidnap and was sentenced to 5 years.

and she's due for release in April of next year.	
4. She was referred to therapy for depression, self-harm and they were the two general stated on the referral form.	The client was referred to therapy for her depression and self-harm.
5. When I first met her, she was very down, very low and it was quite difficult to establish any eye contact. Trying to establish a relationship with her, took a very, very long time.	In the initial meeting with S, the client was feeling very low and it took a long time for S to develop a relationship with her.
6. Looking back, there were obviously trust issues and suddenly I appear on the scene so who am I, why should she trust me.	There were trust issues for the client which entered the work with S.
7. And to start with she was in this very, very dark place, very depressed. She's been prescribed antidepressants from the age of 14 or 15 but I do not think that she had the discipline to take them on a regular basis. She would also take it upon herself to decide to come off them and so I cannot really say that to what extent. I know that she's now been on another kind of anti-depressant, so I really cannot say to what extent they were working or not.	Initially the client was in a very, very dark place but lacked the discipline to take her antidepressants she was prescribed from the age of 14.
8. But working with her she was very reluctant to engage and she would be just sitting there, looking out of the window and this is when I realised how difficult it was.	The client was very reluctant to engage with S. S realised how difficult it was,
9. Being sort of quite new, she was one of my early clients. I was sitting with her and thinking well what are we doing here, she's looking out the window, sitting her and whatever intervention in the early days I tried she would	As one of S's initial clients in the prison, S questioned what work they were doing and if the work was helping the client. Occasionally the client would speak about her family but mainly she would look out of the window and fail to

<p>not respond. She would be just sitting there, occasionally she would talk a little bit about her family and so we didn't get very far. This was when I was starting getting a little bit worried about us thinking what am I doing here, am I doing anything with her, am I helping her.</p>	<p>respond to S's interventions.</p>
<p>10. So I brought this to supervision and discussed this in supervision and my supervisor said 'stay there, hang in there, something must be happening but just be patient'. 'OK, I'll stay there', which I did.</p>	<p>S discussed this in supervision and the supervisor advised S to stay with the work as she predicted something was happening.</p>
<p>11. So slowly, slowly, slowly she would start talking and she was a victim of sexual abuse. She comes from Jamaica and her mother left her in Jamaica. Her mother came to this country and she was left with her grandmother, which is not unusual. Grandmother abused her both verbally and physically and she was sexually abused I think from the age of five. At the age of eleven she came to this country and joined her mother who had a new family, another daughter so she had a sister she'd never knew. Well if she heard about her sister or didn't hear about her its neither here or there and also she had a little brother so she joined this family and so this little girl coming from a, now, she was eleven coming to this country totally different setting and different country and different everything and then finding her mother. Now, her mother had partners, relationships, people who were staying in the house and my client was abused by these various men who used to come to her room.</p>	<p>Slowly the client would begin to speak about her family, cultural background and abuse experienced.</p>

<p>12. There is so much anger in her for not being protected and she started running away from home and she was in and out of care and she had this massive rage about authorities because she said instead of being protected and looked after, not even the authorities, social services did not really take care of her and she was abused when she was in care. So she's having this massive anger.</p>	<p>There was a lot of anger the client felt at not begin protected by various authority figures and organisations.</p>
<p>13. Now working with her, the moment I walked in the room I can see immediately her body language and then again I'm sort of thinking how that fits with the depression. Looking at four different dimensions of depression, you can see body language very often she would just slump. So we've got away from just looking at the window and avoiding any kind of contact. Now she's just slumps,</p>	<p>Referring to the 4 dimensions of depression, S could immediately see the client's body language had progressed from being avoidance to slumping.</p>
<p>14. I'm just doing what she's doing and there are times when she would just work.</p>	<p>S allows the client to lead the work and at times the client does want to work.</p>
<p>15. Her unit is an enhanced unit so it's better equip and when we go to the association room there are wonderful leather settees and when she's in one of these moods, you can see darkness. There is no, nothing in her eyes, dead eyes and then she either slumps or she lies down on this settee and I'm sitting on the other settee.</p>	<p>If she is in a certain mood, one can see her darkness, where her eyes seem dead and she just lies down on the leather settees in her enhanced unit.</p>
<p>16. And you said one of the things that interests you in your research, how do you react to that. When she first started doing it I felt like a sort of school mistress saying 'you are not going to sit like that with me, this is not appropriate' and then I did say that simply</p>	<p>Reflecting on how S reacts to this, she said she felt like a school mistress wanting to reprimand the client for the way she was sitting.</p> <p>S did reprimand the client as it was part of her social behaviour and she felt respected.</p>

<p>because a lot of things that we would like, we are programmed to say and its part of our conditioning and social behaviour. You just learn and undo and don't do them. But it was thinking well this is not on, sort of thinking I was not being respected.</p>	
<p>17. But then as I had spent so much time with this client, observing her and sitting with her, I was able to sort of go through my thought processes and thinking what it is that was why I getting so really annoyed and thinking this isn't appropriate behaviour and everything. So I had time to sort of think about it and then decided no, let's see what's going on for her and how long it would, what is going to happen because I learnt that trying to get her to talk when she was in one of those spaces was not getting to get me anywhere.</p>	<p>Over time, S was able to explore her thought processes and why she felt disrespected.</p> <p>S decided to continue and explore what was going on for the client.</p> <p>S learnt that trying to get the client to talk when she was in that place was impossible.</p>
<p>18. So being silent is something that I personally find quite difficult but something that I think has worked with this particular client because she obviously needed the time and space and pace at which she when she was ready she would start talking and opening up and everything.</p>	<p>Sitting in silence is something S finds difficult.</p> <p>S acknowledges that silence was useful in this case as the client needed time and space along with a pace at which she could open up when she felt ready.</p>
<p>19. So body language, not looking at me and very often she would say that she was feeling very, very tired, she was very sleepy and she would say, 'well, can I go back to my room' and I would say 'is that something you want to do'. Invariably she would stay and I wouldn't say go, I would say 'is that what you want to do, you know just so we would sort of explore that a little bit. So that was the body language.</p>	<p>The client would communicate that she was tired and would ask to go back to her room however despite being able to leave, she would invariably stay.</p> <p>Her body language, lack of eye contact and requests to leave would be explored in the sessions.</p>

<p>20. Then allowing her and letting her be as it were, she would usually after a while start talking. It would invariably start with, 'I really haven't got anything to say today'. 'OK. Right'. And then again let her be silent for however long and then she would start talking about things.</p> <p>21. So there is this massive rage and anger and often I would ask her if she was angry with me as well because she was angry with her mother. She was angry with the authorities, she was feeling very much a victim, and the world was not really treating her and she would say no, no, no I don't feel angry with you.</p> <p>22. But then again I've just had a break and I wasn't there for two weeks and she is massively angry with me and then she says on the sort of rational level 'I know you need a break and I understand that' but on the other hand it brings up all these issues of loss and abandonment and rejection, so, so there is that.</p> <p>23. So, when she's in that dark place it seems to me there is no hope, and this is how I see despair; there is no hope and what on earth is she going to do because she missed out on her education and she did not attend school because her mother made her look after her younger siblings. She also missed out because she was changing schools with various social services and then she was sent to some special place in Wiltshire, which was a special school which she absolutely loved but she was made to come back because her mother wanted her</p>	<p>After allowing the client to just 'be' in the sessions, the client would begin to talk.</p> <p>There was the client's massive rage towards her mother and authority figures.</p> <p>The client felt like a victim and like the world treated her incorrectly.</p> <p>S asked if like her mother, the client was angry with S however she would always deny this.</p> <p>Over S's recent two week break, the client was massively angry with S despite on a rational level knowing S needed a break.</p> <p>It brought up issues of loss, abandonment and rejection.</p> <p>When the client is in her dark place, there is no hope as the client had missed out on her childhood and education</p> <p>S views despair as no hope.</p>
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<p>back and the social services as well, well whoever it was in London, thought it would be a good idea for her to return home. If she has no education what's she going to do with her life and what kind of job if you are not educated, so she missed out on that.</p>	
<p>24. She's missed out on her childhood because she says 'it's the adults who are supposed to look after me, they stole my innocence, and I was never allowed to be a child and I never went through the sort of proper, normal growing up developmental processes. And now suddenly I'm told you have to be responsible' and she said 'I don't know how to be responsible for myself or'.</p>	<p>The client felt sick as despite missing out on her childhood and normal development, others demand she is responsible despite the fact she doesn't know how to be responsible.</p>
<p>25. Then she also feels tremendous guilt and shame because still at the age of 20 she wets the bed and she was saying how can I ever have a normal life with anybody when this is still happening to me. So that brings her so much shame, so we have that.</p>	<p>The client felt tremendous guilt as she still wet the bed and felt there was no hope for the possibility of a normal life or relationship.</p>
<p>26. Then she sort of tries various things but then very soon gives up anything new or if she gets an idea that she might be doing something, she's gives up even before she starts because then she knows that if she starts she will fail so there is this fear of failure that seems to me again hopelessness and desperate. She has this idea that it would be nice to do an Open University degree, it would be nice because they have educational courses in Holloway. But she may lose, she may start something and then give up so there's that fear of failing.</p>	<p>The client begins new things but gives up before she starts because of a fear of failure.</p> <p>For S, this is hopelessness and desperation.</p>

<p>27. Self-esteem; does she like herself, no she doesn't like herself. Very poor image of herself. If she doesn't like herself why should anybody like her.</p>	<p>The client had poor self-esteem/ self-image and didn't like herself.</p> <p>If the client didn't like herself, S questioned how others could like her.</p>
<p>28. And also there are times when she's saying I really do not think that this therapy is working for me because I open up and she says 'every time I open up it stirs up so many bad and such unhappy and dreadful and difficult memories and thoughts and feelings, what is the point of doing this.' So we sort of stop and explore that and she says 'well it's like opening one door and I open one door but instead of other doors being closed, I open even more doors' and she says 'you know, I don't seem to be getting anywhere' and so I said 'OK. Fine.'</p>	<p>At times, the client feels hopeless that the therapy isn't working for her as speaking of her stuff stirs up unhappy and dreadful memories, thoughts and feelings that don't get resolved.</p> <p>They explore this issue in the sessions.</p>
<p>29. And also we have about six months ago, where I think we had this sort of major breakthrough and she talked about really difficult memories and thoughts and feelings she had about sexual abuse and she started crying and it was like the flood gates opened. She was inconsolable, she cried and she sobbed and this went on for quite some time.</p>	<p>Six months ago, S thoughts they had a major breakthrough where the client spoke of difficult memories, thoughts and feelings about her sexual abuse.</p> <p>The client was inconsolable and once the floodgates had opened, sobbed for some time.</p>
<p>30. Working in the prison setting you are very much aware that wherever you work, there is no privacy really, because even if we are in one room together there is a glass panel so other people go past and to show your vulnerable side, you don't want other people to see you cry.</p>	<p>Working in a prison, you are aware that there is no privacy.</p> <p>Clients are often observed in the sessions and they don't want to be seen as vulnerable in the sessions.</p>
<p>31. So I usually try towards the end and even if it takes longer to bring her back and so that she or any other client calms down and can</p>	<p>S tries to calm the client down towards the end of the session so that the client can go out and face the world.</p>

<p>go and face the world because it's a world which is different from any other setting. It's difficult for anybody, even if you are in a private setting or whatever but here it's particularly difficult.</p>	<p>This is particularly difficult in the prison setting.</p>
<p>32. So we had this session and then the following session what did we have. The so called core complex where we became so close together and then she pulled back out of fear of the closeness of intimacy and all that so again, I tried again slowly, slowly.</p>	<p>In the following session, S experienced the core complex where after the previous closeness, the client out of fear of intimacy pulled back from S.</p> <p>S slowly attempted to regain this however the client felt helpless, upset and wanted to forget everything.</p>
<p>33. Then she would say 'what is the point, I get so upset, so it's much better for me, to forget all that' and so I said, does forgetting and not wanting to think about really work, no it doesn't' so we start exploring how we are going to think about it together and how we are in this together.</p>	<p>S helped the client explore where forgetting was helpful to which the client realised it was not.</p> <p>S and the client explored how they could think about things together and how they were in a relationship.</p>
<p>34. So yes self-image, low self-esteem, no hope, no future and gets very easily disillusioned.</p>	<p>The client experienced no hope, no self-image, low self-esteem and was easily disillusioned.</p>
<p>35. One of the things she started was she thought that it would be good for her to convert to Islam and we had a period when she went through the motions and it was just because the fasting starting with Ramadan and she is obese and when she's upset she does eat and eat and eat so suddenly to be able to fast. I think she managed it for three days and after that she gave up and then again another instance of her failing. Evidence of failing. So we talked about it a little bit and I said 'well', I said, 'well let's look at it, other people, there are people who are born into Islam and from though children don't fast but from an early age they get used to it and this is</p>	<p>The client attempted to convert to Islam but in failing to fast, despaired and felt she was a failure.</p>

<p>something that I said for you, you need time. Would you not consider giving yourself time' and 'no, no, no, I'm a failure, what is the point.</p>	
<p>36. So again negating anything.</p>	<p>The client negated everything.</p>
<p>37. I was just sort of thinking, the reason I chose this particular client is that I think her levels of despair and what I see this darkness, like there is no life and when I'm with her, it is really, really hard because it affects me.</p>	<p>S chose to speak of this client due to her level of despair.</p> <p>In the client, S sees darkness and no life or light.</p> <p>The client's despair affects S and is hard.</p>
<p>38. And I feel also being sort of dragged into something in some bottomless hole 'cos I think on one occasion I think I remember she was saying 'I'm depressed and I know I'm depressed but nobody has asked me what it is like to be depressed.' So I said 'OK' I said, 'would you like to talk about it, what is it like' and she says it's like being in this deep bottomless black hole and she says 'however I try to get out I can't.' So sometimes I feel like I'm being dragged into this hole with her.</p>	<p>The client said she her depression felt like a bottomless, deep black hole from which she couldn't escape.</p> <p>S feels she is being dragged into a bottomless hole with the client.</p>
<p>39. I never know what she's going to be like, so there are times when I work in there and nothing happens and then she says 'no I don't want to be here, I just want to go back to my room' and then she doesn't and now I know, when she says that 'cos, I said earlier 'is that what you want?' and then she stays. And it also feels like if there is no pressure and if she does not, then she will talk when she feels ready and she will talk whatever she wants to talk about.</p>	<p>S can never predict what the client is going to be like.</p> <p>S now knows that despite asking to leave, the client stays in the session.</p> <p>S is aware that if the client doesn't feel pressure, she will talk when she feels ready.</p>
<p>40. I think wonderful things about</p>	<p>S thinks the client has remarkable insight</p>

<p>working with her, that she has remarkable insight and when she does try and think about her life and think about her childhood and all the experiences and all the things that she had been through in her life, she understands why she feels the way she feels.</p>	<p>and when she is able to speak about her life experiences, she is able to understand her feelings.</p>
<p>41. As far as her offence is concerned, until two weeks ago she didn't want to talk about it because there was nothing to talk about; she was not guilty, she just happened to be there. She didn't show any remorse about anything and she did do Sycamore which is the victim-awareness programme, apparently which she did very well in this course but then seems she didn't talk about it and didn't seem to make much difference at least she didn't show or talk about it. I did not really hear anything about her thinking about the victim, but two weeks ago she basically said, in a session, 'I did something wrong, it was bad what I did' and she said 'it's true that the victim did bad things to me and to my friends, nevertheless it was wrong.' OK, fine.</p>	<p>Up until 2 weeks ago and despite attending a victim awareness programme, the client felt she was not guilty and would not speak of her offence.</p> <p>2 weeks ago, the client acknowledged what she did was wrong and that she was a victim and perpetrator.</p>
<p>42. Now, so in one sense I feel that we have come a long way but depression and despair keep popping up so don't seem to go away.</p>	<p>S feels they have come a long way in the sessions but despair and depression keeping emerged and don't seem to be resolved.</p>
<p>43. As I said I was away for two weeks so she was hugely angry with me last week when I saw her, the session started with, 'I thought you were going to be away for a week and you were away for two weeks.' And she didn't like that so I said to her 'well OK', and I, I said 'I did say I'd be away for two weeks but perhaps you didn't hear me, misunderstood me, whatever'</p>	<p>The client was hugely angry with S over her taking a 2 week break and had only remembered S say she would be away for a week</p> <p>S enquired as to what was so terrible about the break.</p> <p>The client said that although S's colleague had met with the client, she didn't know her.</p>

<p>but I said ‘what was it like, the whole terribleness, what was terrible, colleague of mine check in on you’.’ ‘Oh yes, but you know, she tried very hard, yes in a sense it was good to talk to her’ but she says ‘you know I don’t know her.’</p>	
<p>44. I said ‘Ok, but what is it’ she said ‘I don’t like change.’ ‘OK, right so maybe you don’t like change and all that’.</p>	<p>The client said she didn’t like change and that was the issue.</p>
<p>45. I think now that I have worked with her for so long, which in the prison context is a long time and it is not likely to continue because there is no funds really for any therapist to work for more than 18 sessions, so I think in a sense it helped me work out how I was relating to her and how her behaviour affected me.</p>	<p>The length of work was useful for S as it helped her to work out how she was relating to the client and how the client’s behaviour affected her.</p>
<p>46. But she is young and there are moment when she shows signs of healthy thinking and there are signs on other occasions when she does express hope, the future,</p>	<p>S reflected on how the client is young and there were moments when she showed signs of healthy thinking and hope for the future.</p>
<p>47. So I was at the meeting and seeing her last week looking very, very angry not wanting really to talk to me. So anger is different from despair when she is desperate there is just deadness, nothing.</p>	<p>The anger the client expresses towards S is different from despair as when she is desperate, there is a deadness, a nothingness.</p>
<p>48. It was absolutely remarkable what happened yesterday, she had her sentence planning meeting. She’s released in April and they do that six months ago. But she came to the meeting yesterday and again she was all dressed up. Her hair was done-up, her eyes were bright and she seemed to have this sort of confidence and ability to talk about herself, about the offence,</p>	<p>At her sentence planning meeting 6 months before release, she had a confidence, a brightness about her and an ability to speak about herself, offence and anxieties.</p>

<p>about her anxieties.</p> <p>49. So that was very positive and encouraging but at the same time I know that there will be times when she will be back in that blackness.</p> <p>50. Then I think what I will be doing with her now and in April is really working towards some sort of closure and ending and working with her to see the work we've done together, also strategies and she has found helpful and what she still needs to do.</p> <p>51. She's realised that it would be the real test because whatever we do in the prison setting, they are contained and there aren't that many temptations. It's not the same as being on the outside and so I'm very concerned about her when she goes.</p> <p>52. I'm also hoping that I'll be able to work with her 'Through the Gate', 'cos that I think is so important because what I find very difficult is you spent so much time and some good work is done and then once they're out it can be undone in a matter of sometimes days, months, but then again it will be largely up to her what she does with the work that we have done.</p> <p>53. So you know just sort of trying to sort of go back a little bit more to despair rather than going in so many different directions.</p> <p>54. I think it is difficult working with people who you feel that there is that hopelessness, there is no point to anything, everything is futile, there is apathy and lethargy and analyse that.</p>	<p>This appeared promising but S knew there would be times when the client was back in the blackness and despair.</p> <p>Leading up to the client's release, D and the client will work towards an ending, reviewing the work and strategies she has found useful, as well as outlining the work that future work that needs to be done.</p> <p>The client realised her real test would be on release without the containment and security of the prison.</p> <p>S is concerned about the client on release as living outside the prison is different to living inside the prison.</p> <p>S hopes to work with the client 'Through the Gate' as despite their hard work and time, S acknowledges the good work can be undone quickly.</p> <p>It will be largely up to the client how she implements the work on leaving prison.</p> <p>So trying to go back to despair rather than moving in many different directions.</p> <p>It is difficult working with people who feel despairing, hopeless, lethargic and that everything is futile and pointless.</p> <p>It is difficult to analyse despairing clients.</p>
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<p>55. But it seems that it is sort of temporary. It's not something that stays maybe not with, because she's young, I don't really know. I'm sort of hopeful that she may pull through and may be able to live, an ordinary or some sort of normal life.</p>	<p>The despair seems temporary perhaps because the client is young.</p> <p>S is hopeful that the client will be able to live a normal life.</p>
<p>56. I think what is difficult for a therapist when you work in the prison setting is that invariably your clients come and they're such damaged, vulnerable, hurting, angry people, people who have experienced abuse. People who have not had parents or anybody to look after them, not to think about them and they have never been in anybody's thoughts so and they still manage to survive. Not everybody commits crime who comes from really deprived and impoverished in every sense of the word, families and backgrounds.</p>	<p>It is difficult for therapists working in the prison setting as their clients are often very damaged, vulnerable, abused people who feel angry and hurt.</p> <p>The prisoners have often not been cared for or thought of but they still managed to survive.</p> <p>However not all people who commit crimes are from deprived and impoverished backgrounds.</p>
<p>57. It is difficult to hear these stories and I think sometimes I've heard it couldn't be worse, couldn't be more tragic, but it can be.</p>	<p>It is difficult to hear their stories.</p> <p>Even when S thinks the stories couldn't be any more tragic, they often are.</p>
<p>58. So how you deal with that I think it's all down to the relationship you have with your client and I think in the prison setting it takes longer probably to establish that relationship and just being there, provide the consistency, provide the sense that whatever they come up with you are there and you will do your utmost to respect them, to be empathic, not to criticize.</p>	<p>How you deal with the work is down to the relationship with the client.</p> <p>In prison, it takes longer to establish a relationship and provide consistency, respect and empathy.</p>
<p>59. I think if you are genuine, if you are really congruent yourself, they pick up on that because if you are not, they wouldn't be there.</p>	<p>If the therapist is congruent, the prisoners will pick up on this and won't attend the sessions if they sense incongruency.</p>
<p>60. Despair is difficult to deal with as</p>	<p>Despair, hopelessness and depression are</p>

<p>is hopelessness, depression and all that and that's why I sort of found it a bit difficult to basically separate out because it seems to me it's one aspect of depression and it is related to so many.</p>	<p>difficult to deal with.</p>
<p>61. You can sort of see a person who has low self-esteem, who is depressed, who turns against herself.</p>	<p>S struggled to separate out despair as it seems to be an aspect of depression and related to many other phenomenon.</p>
<p>62. Although I haven't experienced instances of self-harm although apparently this particular client does bang her head against whatever, but I haven't experienced that.</p>	<p>One can sense a person who is depressed and with low self-esteem, turns against herself.</p> <p>S hasn't experienced instances of self-harm in her clients, although her client does bang her head.</p>
<p>63. Well what is very important is if it is a particular difficult session, I usually talk to my colleagues, 'cos on Wednesday's there are three of us and we have supervision on Wednesdays and it is really talking about what had happened and how I'm feeling and invariably colleagues are very supportive. They listen, they share their thoughts, similar experiences.</p>	<p>If the session is particularly difficult, S will debrief with supportive colleagues about what happened and how she is feeling.</p> <p>Colleagues listen and share their thoughts and similar experiences.</p>
<p>64. Then it's raised in supervision and our supervisor is very, very, very good and it's interesting that it is usually if I'm stressed myself and feeling really desperate, they pick up on that and they say you bring it so vividly into the room and I find that talking about it helps. It helps but it does not eliminate it immediately, it stays and stays.</p>	<p>S has a very good supervisor and in supervision, if S is feeling desperate the group will usefully pick up on this.</p> <p>However this does not eliminate the despair which stays indefinitely.</p>
<p>65. It's difficult to and I cannot switch off.</p>	<p>S cannot switch the feelings off.</p>
<p>66. When I'm doing my notes, and also, as our supervisor is psychodynamic, we have to do verbatim and I find that helps</p>	<p>S's supervisor is psychodynamic so S finds that preparing verbatim accounts of the sessions, this usefully enables S to see the structure of the sessions and what was</p>

<p>because then I can see the structure, of it. I don't do it after every sessions but I tend to talk about this particular client a lot and most of our verbatims are on her and when I'm doing the verbatim, it helps me see the structure of the whole session and to see what was going on. What I tried to work out was what was going on for her and what was going on for me.</p>	<p>going on for S and the client.</p>
<p>67. But it is hard because when I talk about her, when she has these moments of despair, I see her and she's very, very big and she's black but it is not the blackness of her skin but everything about her is switched off so I can't see any spark. I can't see anything and I find that incredibly, incredibly hard so as I said I've been sort of drawn into it.</p>	<p>When S talks about the client, it feels difficult as in her moments of despair, sees her total blackness.</p> <p>S can't see anything in the client as she appears 'switched off' and S is drawn into this.</p>
<p>68. Then I have to pull myself back and say OK, stay there, stay there and see where we are going to go if we're going anywhere and also, she said 'I don't want to be here, I want to go,' and my gut reaction will be 'OK, fine, you go to your room and I will stand up'. But now I make myself, because I offencee now she's just testing me; can I tolerate this? So I say 'OK, fine' sit there and I'm getting better at this but at the beginning it was very, very difficult 'cos I really wanted to walk out and if there's a silence of more than five minutes, I'm out of here.</p>	<p>S has to pull herself back and stay with the client's despair and when it is going.</p> <p>When the client states she wants to leave the session, S's gut reaction is for the client to leave.</p> <p>However now S knows the client is testing her tolerance levels, S is getting better at sitting with the feelings and silence despite wanting to leave.</p>
<p>69. So my supervisor helped me with that saying 'no, you stay there, you stay'. So now I stay and I think with this client I have learnt to be able to tolerate all this darkness and also for me if, we</p>	<p>S's supervision has helped her stay there and learn to tolerate the darkness.</p> <p>This tested S's assumption that if nothing is happening, no work is being done.</p>

are not talking, nothing is happening but that is not the case. Right so I think that is the biggest lesson that I can do, I can be silent.	
70. I think I feel proud of myself that I have been able to do that and with her I can do that but it isn't easy.	S feels proud of herself for tolerating this despite the felt difficulty.
71. Talking to colleagues alleviates it a little bit, talking about it in supervision and then I try to sort of do something after and when I leave the prison.	Talking to colleagues, discussing in supervision and doing something active on leaving the prison helps to alleviate the despair.
72. I don't know whether have you been to Holloway but it is bleak an its drab, its grey and I think for me one of the most difficult things about Holloway is that it doesn't look like a prison. And you can easily forget where you are and that's very dangerous.	HMP Holloway is bleak, drab and grey. It doesn't look like a prison and one can forget where they are which can be dangerous.
73. You can also forget yes all our clients are human beings and we treat them with respect and we support them and we work with them in exactly the same way as we would with any other client.	Working in a prison you can also forget that the clients are human beings and require equal respect, support and work to clients outside the prison.
74. However, there is a difference for reasons. They're in that particular place because they have committed a crime. Whatever that crime is you always have to keep that in your head. Now sometimes it's very, very difficult 'cos on a nice summer days, they have most beautiful gardens in Holloway, there is a swimming pool. I remember talking a colleague on a tour and we walked across the gardens and he says 'this is wonderful' and I said 'yes'. Then we went and the swimming pool with the sunshine gleaming; it was bright and the most	However the difference lies in the fact that the clients have committed a crime. The therapist had to keep the client's crime in their head. Sometimes this is difficult as on a summers day one can see the beautiful gardens, gleaming swimming pool and music from the chapel and one can forget they are in prison.

<p>wonderful music coming from the chapel but he said 'this is wonderful' and I said 'yes, it's wonderful, it's great, but don't ever forget where you are and that's one of the difficulties.</p> <p>75. 'Cos when you go to Pentonville its different, it's all in your face and you know where you are and men are different basically, whereas in Holloway, women are mostly depressed, it's a sad place and there is violence, there is aggression and everything but the overwhelming impression is sad and grey.</p> <p>76. I was just thinking yesterday I went to see a client and she was sitting on her bed watching television and I thought to myself yes they have televisions and well they should have, why shouldn't they watch television, but it doesn't feel like the same, like a normal setting.</p> <p>77. So you I think, one is conflicted on the one hand you know there are sort of beautiful parts and nice parts and all that of Holloway and I'm really sort of talking about Holloway but at the same time there is that, the greyness and sadness and bleakness.</p> <p>78. With this client I have no idea what I will find next week, but yesterday I had a different person so I don't. But it's hard.</p>	<p>Male prisons are different partly due to the client group which creates an aggressive environment.</p> <p>Female estates are different as women are depressive and the overwhelming impression is sad and grey.</p> <p>Yesterday S saw a client watching a television and acknowledging it felt different watching a television in prison.</p> <p>In the prison, there are beautiful or nice parts as well as a greyness, sadness and bleakness.</p> <p>Working with the clients, S doesn't know how she will be next week and that feels difficult.</p>
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G. Beth

Meaning Units	Main Element of Meaning
1. I must admit I've been thinking about, about that question and I thought how am I gonna tackle that? And the first thing that came to mind, when I was thinking of it, I thought, two things basically, three, that we could start with.	B had been thinking of how to tackle the research question and three areas came to mind
2. Thinking about this interview, I wasn't preparing that much I was just letting things flow.	B didn't prepare for the interview as such but let ideas flow.
3. One was the place of the prison I worked in it was a Victorian prison, is that OK if I say I worked in? So it doesn't have to be now. Still very vivid to me anyway.	B worked in a Victorian prison and the experience is still vivid to her.
4. In itself I'd say even without anybody in, that would be a place of despair.	The prison is a place of despair.
5. And its starts from the building. I've got this stuff of buildings and environment and context and I'm very much interested in architecture and things like that so if I look at the place empty, and it's obviously not by coincidence that I'm emptying it out first. I'll put the people in later.	The despair starts from the prison buildings. B is interested in environment and context.
6. If I look at the building itself, it starts with the humming and the humming was something that really got me. The humming of the ventilation took me a while to get used to this actually because I had always that horrible sense of the death row basically.	The humming of the ventilation of the building affected B and took a while to get used to as she got a sense of death row.
7. I was very, very marked by a movie called Dead, Dead Man Walking which is a movie,	B was moved by a film called 'Dead Man Walking' which is a story of a murderer making amends for his crimes in prison.

<p>directed by Tim Robbins I think, and it's got Sean Penn and Susan Sarandon, starring in the movie, have you seen that movie? It's the story of a criminal; he's killed I don't know, people. I think he's amending himself whilst in prison and he sees on a regular basis this visitor. She's a nun not nun as in fully apparel nun but as a kind of secular nun and he builds that unbelievable relationship with this nun; bit psychotherapeutic, guidance, spiritual. It's a really, really, really powerful movie, 1992 or something like that. And obviously he's on death row so I think we know from the beginning that there's very little chance that he will get what do you call it amnesty or whatever it's called. It's just a story of this man amending himself. Sean Penn is absolutely amazing in this movie.</p>	<p>The character is on death row so from the beginning, one knows the fate of this man.</p>
<p>8. I've got a thing for death penalty, that's something that really, really touches me. I came out of that movie absolutely destroyed. So real, almost documentary like, I just find it really difficult. Throughout the movie, there are those moments when you are really in the cell with this man. He's obviously silent and you hear the humming of the ventilation this kind of deafening silence, this kind of dead already and that's what, the movie's called, dead man walking. He's dead already.</p>	<p>B is touched by the death penalty and felt destroyed by the film.</p> <p>In the film, D struggled with the deafening silence and humming of the ventilation.</p> <p>The prison and the character in the film are, according to B, dead already.</p>
<p>9. That's something that really stayed with me I guess but it kind of, was brought back by this humming which is right at the beginning, right at the entrance of the prison because of the ventilation grill, just at the front.</p>	<p>The experience of watching the film stayed with B.</p> <p>The experience of the film was triggered by the humming from the ventilation grill at the entrance of the prison.</p>

<p>10. So that's already a place which is problematic in terms of the noise, the keys, the stuff, the isolation of the scene. It's kind of a place where people are not walking about.</p> <p>11. We're talking about a Cat B prison. It's not an open prison it's just a very kind of medium secure prison.</p> <p>12. The other thing that came to mind, I'm going to talk about the clinic. I thought about the people I've seen in there, and I can't think of any of those guys I've seen in there, it's a male prison who were not in despair.</p> <p>13. I was actually in my kitchen thinking about that interview, thinking what's that mean, despair. I'm a bit biased because I've read your paper on despair so I just kind of, but I let my imagination flow thinking.</p> <p>14. When I think about my patients, I'm not thinking about them saying I'm gonna kill myself, now that can come in the despair but that's not reducible to that.</p> <p>15. For instance I had my first patient there who was a labelled psychopath and he never really mentioned suicide, he only mentioned it on one of the last sessions, quite angrily, and he said 'what do you think I'm thinking about every minute of the day, of course I'm thinking of killing myself', but I've seen him for 15 month and he said 'but if I had told you that, what do you think you would have done, rushing around, opened an ACCT and I wouldn't have been able to</p>	<p>The prison setting is problematic in terms of the keys, noise and isolation.</p> <p>B is describing a Category B, medium-secure prison.</p> <p>B can't think of any male prisoner she has worked with who were not in despair.</p> <p>Before the interview, B thought about the meaning of despair.</p> <p>B felt biased as she had previously read papers on despair written by the research however she attempted to let her imagination flow.</p> <p>When thinking about her patients in despair, B thought about suicidal clients however despair is not reducible to suicidal intent.</p> <p>B's first patient, labelled a psychopath, hadn't disclosed his suicidal thoughts as he knew B would have put him on an ACCT which would have stopped him from being able to speak openly in the sessions.</p>
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<p>talk about things.’</p> <p>16. He was a very, very clever man, very dangerous, very unpredictable. I liked him a lot. It was very challenging to work with him. I gave him a nickname of Hannibal because of the Silence of the Lamb and there’s this huge manipulation of Hannibal for Starling.</p> <p>17. But also there’s a kind of care, obviously within the manipulation, care is also part of the manipulation, and I think that exactly what this guy was doing to me.</p> <p>18. He was my first patient, although I was quite a seasoned practitioner but working in prison kind of throws you off balance. You know as much as you work with whatever the worried well, neurotic, hysterical whatever but when you’re in prison, you are in a different place and that man knew it but I think he treated me OK but having said that, that was with the first provider.</p> <p>19. And this is obviously a bit tainted by the fact that I also did research on psychotherapist’s experience of working in prison and I’ve interviewed people I’ve worked with and obviously when being now in this position of interviewee I’ve got the echoes of what they say and said about their own experience.</p> <p>20. One said something that I found quite interesting referring to the two providers we have had. I think we were very much in phase and able to handle despair with the first provider who was a much more open, humanistic, person-</p>	<p>The client was a very clever, dangerous and unpredictable man.</p> <p>B liked him a lot and named him Hannibal after the character in the ‘Silence of the Lambs’ and the way Hannibal manipulated the woman he was speaking with about his crimes, Starling.</p> <p>Care is also part of manipulation and B thinks this was what was happening between B and the client.</p> <p>Despite being an experience practitioner, working in the prison threw B off balance.</p> <p>Working in the prison is different to working with hysterical or neurotic patients elsewhere.</p> <p>The client knew of the difficulties but treated B OK but the work took place with the first provider.</p> <p>B’s response to the question was slightly tainted by the fact that she had researched the psychotherapist’s experience of working in prison.</p> <p>Being in the position of interviewee, B can hear the echoes of what her interviewees said of their experience.</p> <p>B thinks the first counseling provider who were broadly humanistic and person-centred was very much in sync with and able to handle despair.</p> <p>This more tolerant approach was in phase with despair.</p>
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centred but also more tolerant provider. The approach was much more in phase with despair.	
21. I think the patient I was telling you about, this kind of psychopathic, I don't like psychopath, well anyway, Hannibal. I wouldn't have been able to work that way. I think it would have been terrible with the second provider. I realise now that he just kept scaring me that man, so I just kept him nice. I think the second provider being quite countertransferential, very rigid, very psychodynamic by the book.	<p>B wouldn't have been able to work the way she did with Hannibal with the second provider.</p> <p>It would have been terrible with the second provider who were psychodynamic, rigid and countertransferential.</p>
22. This is the guy which one day just lit a cigarette in the room. At that time they were not allowed to smoke, they just brought in the new smoking policy which guys could only smoke in their cell and I just couldn't say anything. I thought that was very challenging.	B realised Hannibal scared her so she couldn't challenge him and kept him nice.
23. His despair was violence, that was how it was turned, and this is where you can catch despair almost like a shadow of something.	<p>Hannibal's despair was violence.</p> <p>This is where you can catch despair almost like a shadow of something.</p>
24. He said to me that he had invented himself another life, and in that other life he was a fire fighter and he had a wife and children and a house. This was a man that never could keep a flat, slept rough and stuff like that. Never got into proper relationships he just couldn't handle it.	<p>Hannibal told B he has invented a phantasy life where he was a firefighter with a house and family.</p> <p>In reality, this man failed to cope with any personal responsibilities.</p>
25. Whereas despair, I could possibly um pluralise despair as despairs maybe despairs-ed. I don't know.	B could pluralise despair to be 'despairs'.
26. I think there are ways that you can just listen to despair, which are	For B, there are ways in which you can listen to despair more effectively.

<p>better than others. I'm not clear that this kind of people can actually listen to despair. I think they turn it something, I think they pathologise despair and I think that's why psychodynamic is so well geared to mimic CBT because it's just another technique.</p> <p>27. So that's the other thing that came to mind is all my guys, of course had crises of despair.</p> <p>28. I had this guy who came in one day in the room with, a razor blade that he just got off his little razor and just say I just can't bare it anymore they've put in my cell somebody who's completely bonkers I'm just gonna do it now here so I'm not clear that's despair, I think it's a kind of a acting out.</p> <p>29. All my guys have absolutely awful stories, stories of loneliness, of miscommunication, mostly loneliness really. Some abused I would say.</p> <p>30. So really for me it was about providing a certain kind of careful dialogue in the beginning. Not sure if one could say that any of those guys fully had psychotherapy, I'm not clear.</p> <p>31. It's too chaotic, I really think it's too chaotic that place to just get a sense of, of it's not supported by the context anyway.</p> <p>32. I think when I would go in I would be quite humble so I don't remember coming out being really affected.</p> <p>33. Every once in a while it would be because of the bloody policies and</p>	<p>The second psychodynamic provider could not listen to despair and instead pathologised it.</p> <p>In B's opinion, this is why psychodynamic practice can mimic CBT, reducing it to a technique.</p> <p>All of B's clients had crises of despair.</p> <p>B had one client who brought a razor blade to the session and said he was going to kill himself.</p> <p>B wasn't clear whether that was despair or acting out.</p> <p>All of B's clients had absolutely awful stories of abuse, miscommunication and loneliness.</p> <p>For B it was about providing a careful dialogue but she wasn't clear whether this was psychotherapy.</p> <p>B thinks therapy is not supported by the context which is too chaotic.</p> <p>B didn't remember being really affected when she worked in prison and thinks this is because she remained humble.</p> <p>Despair for B is the policies and procedures which would affect her.</p>
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<p>procedures; that's despair for me. Despair is just you know those people can't talk because if they talk then everything needs to be reported and that is terrible I think actually. You can't go and see an officer and say well actually can you look after him, he's a bit vulnerable but you have to write everything down, make it a watch, a despair watch, watch over their despair, we put them in despair but we make sure we watch over them.</p> <p>34. I think this is perverse, really perverse and the reason why I think this is perverse because now I see it from the outside looking in.</p> <p>35. Recently in my private practice I've got one client I have been seeing for quite some time who's partner has been incarcerated. It's coming up in 4 months now, and it's an absolutely awful story and I feel like the despair is catching up with me being outside, 'cos I know exactly what she means. It's like I'm there. He's in a high secure prison, a Cat A that's where he committed his offence and when he got incarcerated, she was 4 months pregnant. She's now obviously 8 months pregnant, she's going to deliver very soon and she went, just to give you an example, that made me so angry. When she had the third scan or whatever, she asked the doctor or person who was doing it, can you write the sex of the baby in an envelope and at the next visit she brought the envelope and she wasn't allowed to open it with him. She begged, she said 'cos she doesn't know if he's gonna come out, he's supposed to be on a tag half way</p>	<p>B despairs that the clients can't speak openly without things being reported to the system.</p> <p>In the prison, everything needs to be reported and made into a watch; a despair watch.</p> <p>B feels the prison puts the clients in despair and then watches over their despair.</p> <p>B thinks the system is perverse.</p> <p>Recently in her private practice, B has a pregnant client who's partner had been incarcerated in a Category A prison.</p> <p>B feels like the despair is catching up with her outside as she can relate to the experience of being in prison.</p> <p>B thought the fixed rules placed on the prisoner visitors were awful, particularly when the pregnant client was unable to share the sex of her baby with her partner or have him touch her tummy.</p>
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<p>through his sentence. She begged the officer, she said ‘take the envelope, open it yourself and we’ll be here’ and he refused. And I found that absolutely awful, he got a warning one day, that month, that gives a chill down running through my spine because he touched her tummy to feel the baby, how awful, awful, awful is this.</p> <p>36. I’m really sad when I hear that kind of story by proxy if you wish, but also I think by having been in, I can catch how this man must feel.</p> <p>37. The other, thing that I’ve got a guy who’s potentially facing four, five years for GBH. He’s on a tag at the moment on bail but his sentencing is coming again, and he’s been incarcerated in the prison in which I used to work for a week before he was released on bail, so there’s this hanging over. He’s a very young chap, got into a fight, broke a bottle on somebody’s head, so it’s very scary for him, how can it not be, facing 4, 5 years is a lot so that’s the story.</p> <p>38. It’s funny you know how the stories of prison are coming back in my practice which I never thought they would actually, seeing only the kind of patients I’m seeing and I’m thinking how helpful that experience may be for those people.</p> <p>39. The last thing came that came to my, see there was a lot that came to my mind was that because I did research, there was this guy I interviewed and he came up with that kind of fantasy story about prison being like a school and</p>	<p>B felt sad hearing the story and was able to empathise with how he must feel.</p> <p>B is working with a young man on bail and tag for GBH in her private practice who is facing 4-5 years in prison.</p> <p>B found it funny how storied of prison were unexpectedly entering her private practice.</p> <p>B thinks her experience of prison may be useful for these clients.</p> <p>A therapist who B interviewed for her research came to mind who expressed a phantasy story of prison being like a boarding school and a safe and happy environment.</p> <p>B acknowledged she was schematizing his response.</p>
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<p>how happy he was to go in and how happy it was like a boarding school. I'm just summarizing and really kind of schematizing things. The interview itself was very interesting, he was a very, very well articulated and well spoken, an academic so really interesting, engaging interview but when I was transcribing it, I started to really hate what he was saying and thinking how can this be. Certainly not in the same prison! It looks like you're getting off, by getting in, I just don't understand. He was telling me all these kind of crazy stories like he wouldn't mind going in being locked up for a week or something like that to write a novel or something.</p>	<p>The interview engaged B but her experience was incongruent with the experience of the interviewee.</p> <p>B thought the interview was getting on it by going into the prison.</p>
<p>40. It was just weird, 'cos I've never seen that place like that, I mean I certainly didn't enjoy being here throughout a whole day, it just comes 3.30 and I think it's getting on or something, I just was gasping for air really.</p>	<p>B has never viewed the prison as an enjoyable place.</p> <p>By the end of her day working at the prison, B was gasping for air.</p>
<p>41. But then I found out that this guy was more of less on the kind of observational bit like when you do anthropology you see, there's always this element of going in as a bit of a voyeur. A really nice bloke actually but he probably didn't bring anything, about, well, yes he would have said 'yes of course it's all sad and you know they've committed crimes' and stuff like that but and he would kind of counterbalance, with its quite entertaining but really a horrible happy story.</p>	<p>B found out that the interview was a voyeur and enjoyed observing the prison.</p> <p>Despite acknowledging the prison as difficult, the interviewee would counterbalance this with an entertaining yet horrible story.</p>
<p>42. I'm not unhappy that I've left actually because I think I can bare the stories I really can. What I can't is the institution, this kind of</p>	<p>B is not unhappy she has left working in the prison setting.</p> <p>B can bare the client stories by can't bare the institution with its polarities of chaos</p>

<p>this shimmering, seem to be squeaking and at the same time very routined and chaotic.</p> <p>43. It's like a not good enough mother, so it takes care but takes care quite badly. It feeds you, but it feeds you shit.</p> <p>44. It's very problematic actually, for instance for my patient's partner it was due to be released on the 27th of November and I knew that wouldn't happen. I really knew that's adding to unnecessary despair. People are just looking up to that date like this is the end of the line. Obviously the 27th came and went and she still was waiting for probation services to visit her house and so now they don't know because that dates been, its overdue.</p> <p>45. I mean obviously I'm talking about the guys, I've never been in a women's prison but those guys are coming in with broken lives already.</p> <p>46. Despair if we talking about discontinuity, brokenness, a sense of not being wanted, all this sort of things, so they are coming into prison with all this kind of stories really.</p> <p>47. But I think the institution itself, could have a place of mending it, patching it, well not mending it, but patching it up. But it's actually redoubling that yes it's the same story of bad attachments and bad parenting and stuff like that so really prison is not only the pervasion of freedom there's also some, stuff because obviously its chaotic. I mean those guys are and my patients partner is locked 23 hours a day</p>	<p>and routine.</p> <p>The prison is a 'not good enough mother', which cares badly and feeds you shit.</p> <p>The prison adds to unnecessary despair for prisoners and their families, for example, changing prisoners release dates.</p> <p>B is speaking about men's prisons as opposed to women's prisons.</p> <p>The men enter prison with broken lives and despairing stories.</p> <p>Despair is a sense of discontinuity and brokenness; a sense of not being wanted.</p> <p>B thinks the institution could have a role in patching up the individuals and their lives.</p> <p>The prison actually repeats the prisoner's experience of bad attachment and bad parenting.</p> <p>Prison is not only a pervasion of freedom.</p> <p>The therapeutic work done in prison could enable a reparation of emotions and provision of scaffolding, providing the prisoners relationship with the therapist</p>
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<p>because of lack of staff. I mean that needs to be taken into account, we are a body in a context. I think we can mend, not totally but I think we can repair emotions, a little bit and provide some kind of scaffolding, providing you have a good enough relationship with other people, your therapist, whatever.</p>	<p>or other is good enough.</p>
<p>48. When the institution is seen to enjoy themselves in being chaotic and not really caring when you have only them as a resource and I think that's creating things that it's very difficult to counterbalance as a therapist really 'cos you're going in and you're lucky if you see your guys for the time that's allocated.</p>	<p>The institution is seen to be uncaring and to enjoy the chaos.</p> <p>It is difficult for the therapist to counterbalance this, particularly as often it is hard to see the prisons to their allocated session times.</p>
<p>49. I was lucky because I'm very strong, I had my room and guys would come as if, funnily enough I didn't need anybody going or signing, I just stayed in that room and the guys would just rotate one after the other just like a private practice but if you hadn't had that. I was in a wing that you could afford that sort of booking, if I hadn't had that, I've worked on other wings before, it's just awful. If you can't see your people, for the psychotherapist you need to be able to see the guys somehow. Landing sessions works every once in a while, in a blue moon you can have a little five, ten minutes conversation because you've got no place to see them. So that's a big issue really, that's a big issue, where do you see them. And I think that's adding to despair.</p>	<p>B was strong and had a fixed room to see prisoners from in a wing that could afford her booking system.</p> <p>It can be awful working on other wings due to lack of rooms.</p> <p>As a psychotherapist, you need to be able to see your clients and the landing is not appropriate for more than a 5 minute discussion.</p> <p>Rooms are a big issue and this adds to despair.</p> <p>Life's issues such as people committing suicide can have an effect.</p>
<p>50. Obviously other people committing suicide, and, and general stuff of life, you know</p>	<p>B recalls the play 'No Exit' by Sartre and how different it is to be struck with other</p>

<p>we're doing No Exit tonight so you know, I think this is what it is, it's a room, a prison. I mean it's a very interesting play actually and it's also how we are in the experiential group really; you're stuck with other people. Simple as that.</p>	<p>people.</p>
<p>51. For me that's sharing a nine square metre cell with three other people, that's, worth considering suicide. How did they do that, I just don't know. On the remand prison like this, I mean how did they live with others, others noises, others stories, others television choice. I have a lot of time for these guys, I really think that they must be really strong. I'd lose it, I really would.</p>	<p>For B, sharing a 9m2 cell with 3 other people is worth committing suicide.</p> <p>B doesn't know how the prisoners live like this with other people and their noises, stories and choices.</p> <p>B has a lot of time for these guys and thinks they are strong.</p> <p>B would lose it in prison.</p>
<p>52. It's also very interesting how they manage their own little ways of dealing with their own despairs. Ones having his headphones on all the time, listening to Radio Four whatever it is they were listening to opera. The other was doing some stitching, like the kind of fine cell work. They all had something to hang on to, to look forward to and that's something that you use a lot in the session. The little things that stand out, the little pleasures of life.</p>	<p>B finds it interesting how the prisoners have their own ways of dealing with their despairs.</p> <p>The prisoners all had something to hang on to and look forward to and B use this in the sessions.</p>
<p>53. To summarise, to come back, despair in prison you got to have hope. Hope for a better future, for something even if it's just tomorrow because obviously I had those people who didn't know when they were going to come out. They still had 14 years ahead of them and that's difficult. You just, don't necessarily look at the big picture, you look at tomorrow.</p>	<p>With despair in prison, you have got to have hope for a better future, for tomorrow, for something.</p> <p>B saw prisoners who were in prison for another 14 years and that was difficult.</p> <p>In the work with despair, you don't necessarily look at the big picture but you focus on tomorrow.</p>
<p>54. I remember that guy I would say</p>	<p>One client who was mid 50s and experience the death of his wife who was linked to his offence and the death of his</p>

<p>embodies in a way, despair; mid fifties and horrible story really. Anyway bottom line when he approached me on the landing and he started to tell me all his story, right there, right here, right now. He got incarcerated and soon after that his wife who had terminal cancer died and obviously he couldn't be with her, she was somehow linked to the offence and when he approached me his nephew, who was like a son guy died of leukemia and he hadn't had a son or children. His wife had loads I think when he took her on, but with her he could never have one because she'd been beaten up badly, domestic violence and she just couldn't have children. I think she went through three or four miscarriages with him and so that would make her really ill, so they decided not to pursue. And there were lots of issues about that relationship and stuff. But he had taken on his nephew very close and that guy died of leukemia. I think and that really broke that man, really broke him.</p>	<p>nephew, embodies despair for B.</p> <p>The death of his nephew broken the prison.</p>
<p>55. I remember I was saying earlier that I don't remember coming out and being quite effected but that because it wasn't expected, it just, I was going to see him to say would you like to start counseling and then he just heard the news his nephew was at the end of his life or was, I can't remember which part of the timeline. And he just offloaded right here with me, and it was very difficult because I was not prepared. Powerful hour you know. Just raw. It was very hard.</p>	<p>As this work wasn't expected and the client offloaded in the initial meeting, B found it very difficult, as she wasn't prepared.</p> <p>It was a hard, powerful, raw session.</p>
<p>56. I'd say that with this man, I think I've done a great job with that</p>	<p>B thinks she did good work with the prisoner and helped him locate hope and a want to grow.</p>

<p>man because where he was coming from was not a good place and then he asked at the end for being transferred to another prison where he could do gardening and things like that so, there was this kind of image that producing something that's grows.</p>	
<p>57. He had lots of dreams of isolation and he said 'when I got out if I do I'll have a bungalow and I'll have a shrine to my wife and I can picture myself being on my own, not answering my phone'. So prison was outside too.</p>	<p>The client had dreams of isolating himself outside of prison.</p> <p>B felt the prison could be continued outside of prison once the prisoners leave</p> <p>There is something in B that can combat despair.</p>
<p>58. There's something in me that can combat despair in a way, it's about the way I am because I can be in touch with desperation quite well and I think it's where you've been yourself. Also my own experience of my own desperation, depression, whatever, things I've come across in my um, analysis, I think that helps a great deal not to be too scared.</p>	<p>B can be in touch with her own desperation.</p> <p>B has explored her experience of her own desperation and depression in her analysis which helped her not to be scared of these experiences.</p>
<p>59. As my husband always says, 'you and I, we're completely opposite in the way that we handle sadness, despair, depression,' call it what you know depending on the level. He said 'you are a pessimist on the outside but you're core on the inside is really optimistic, really very positive' and he said 'for me it's the other way round' and it's so very true. I could moan and groan and feel, but nothing can phase me really. I'm a believer, I've got lots of hopes. I'm extremely energetic and I think that shows in the prison. Whereas him he's always kind of happy go lucky but inside he can just crush.</p>	<p>B's way of handling despair and depression is opposite to that of her husband.</p> <p>B is a pessimist on the outside but is really optimistic and positive on the inside.</p> <p>B is a believer with hopes and energy which is evident in the prison.</p> <p>B thinks that the therapist's personality and being can be helpful.</p>
<p>60. I think that helps who you are actually.</p>	<p>There should be a balance where one is</p>

<p>61. But not being completely positivistic that's everything's gonna be fine, I think that the balance of this.</p> <p>62. I think it's about not being too scared. Still scary though because obviously, you have certain kind of responsibility, particular in the reporting, disclosure, all this shit.</p> <p>63. So it's just stay with as much as you can in a prison.</p> <p>64. It's easier in private practice. In all fairness it's just really easier. 'Cos in prison, the system, I don't know what that means, it's us I suppose, either cares too much or cares too little, it's just very weird. Seems like you can do whatever you god damn please, people can just rot in their cell and at the same time it's extremely controlling, it's very weird.</p> <p>65. You have that, that kind of 24-hour suicide stuff but it's almost automatic, it works in itself like Jeremy Bentham and panoptican. It's an empty eye. I think. So really, got to come with a full eye, whether you write eye as an I or as an eye.</p>	<p>not overly positivistic.</p> <p>For B, it is about not being too scared despite the responsibility of disclosure</p> <p>The therapist must attempt to stay with despair as much as they can in prison.</p> <p>B finds it easier to work in private practice.</p> <p>The prison setting seems to care too much or too little.</p> <p>There is an automatic aspect of watch, like a 24 hour suicide watch' a panoptican.</p>
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H. Leland

Meaning Units	Main Element of Meaning
1. Well first of all I have to think about what despair is and despair to me means lack of hope.	For L, despair means a lack of hope.
2. I think I often imagine that what I do, amongst the things that I do when I see people is I bring them hope because I do work with a lot of people who I feel have lost hope or lost sight of hope anyway.	In the work with clients who lack hope, L imagines he brings clients hope.
3. I work integratively so my work is broadly client-centred, so I use the core conditions. I find that a lot of my work is to do with the relationship.	L works integratively and his work is broadly client-centred and centred around the therapeutic relationship.
4. My experience of working generally with people and also with people who I would say exhibit despair or have despair, is that they have lacked positive relationship in their lives.	L's experience of working with client's in despair is that they have lacked positive relationship in their lives.
5. So one of the most important things I think I do is I provide a model of a positive relationship, so that's a relationship that gives them a space where they feel safe to explore everything including their despair.	One of the important things L does is provide a model of a positive relationship where the clients have space and safety to explore their despair.
6. I'm thinking there's two particular people I suppose I'm imagining when I think of working with despair. Actually there are three people I think about when I think about working with despair with people.	When thinking about working with despair, 3 clients in particular come to mind.
7. I often wonder what I do in the prison, what do I do there. I often feel that I bring hope.	In the prison, L feels that he brings hope.
8. What I seek to do I suppose is to	L seeks to encourage people to live

<p>encourage people to live authentically. Now how do you do that, well it seems to me that in order to do that you need to know how you live your life, what you've done, how you work, where your emotions are, how your behaviours have led from your feelings your thoughts and your emotions. So to seek honesty in that endeavour. A lot of people aren't very honest. I attempt to be honest but a lot of people don't seem to have a very honest view of what've they've done and who they are.</p>	<p>authentically.</p> <p>In order to live authentically, you need to know your past, thoughts, feelings and behaviours.</p> <p>L attempts to be honest but a lot of people don't have an honest view of who they are and what they've done.</p>
<p>9. Sometimes it's too painful for them to look at that; sometimes they've never had the opportunity to look at that pain. They will self-medicate in order to avoid looking at the pain or, to dull it, to numb themselves. So what I seek to do is to get them to look, and that can be very difficult with despair because despair seems such a powerful, negative force.</p>	<p>Some clients have never had the opportunity to look at who they are.</p> <p>It may be too painful to look at this so clients often self-medicate to numb the pain.</p> <p>L seeks to get clients to look at their despair which is difficult because despair is a powerful, negative force.</p>
<p>10. If despair is the lack of hope then that brings up some very fundamental questions it seems to me because we're all gonna die, we're all faced with those existential givens. We're all faced with those existential dilemmas and it's how we navigate through those that allows us to continue day after day. Now despair seems to me giving up hope that there is a reason to navigate through those waters.</p>	<p>Despair as a lack of hope raises fundamental existential questions around life and death.</p> <p>Despite all being faced with existential dilemmas, it is how we navigate through these that enables us to live.</p> <p>Despair is the giving up of hope and reason to navigate through.</p>
<p>11. People in prison are often faced with the consequences of their actions. And when I begin to look at their lives they often struggle.</p>	<p>People in prison are often faced with the consequences of their actions and hence struggle when this is explored.</p>
<p>12. But they can come through that, I think that's why I feel a lot of</p>	<p>Most clients need medium-long term work, as they are required to go through</p>

<p>work needs to be medium, long-term because that's a long process that requires them to go through various stages where they acknowledge something about their lives and then they begin to take responsibility for their lives and that responsibility may allow them to begin to be empowered. Empowerment seems to me the feeling of not hopeless; it's almost like the anecdote to hopelessness.</p>	<p>various stages before they can take responsibility and feel empowered.</p> <p>Empowerment is the antidote to despair.</p>
<p>13. You feel you have some control and you know it may be an illusion, you know we can talk about how much of that may be an illusion as we're all gonna die and you know at some point the thing that we're on is gonna spin out of control and the sun will blow up. So there's a there's a long-term sense of hopelessness, we're all gonna die.</p>	<p>There is a long-term sense of hopelessness as, as humans, we all die and our sense of control is an illusion</p>
<p>14. So I often find myself talking to people early on when I'm trying to understand them say here is your birth and this is your death and what happens before that or after that. And I'll get them to question and often they won't understand or they may bring in some religious perspective to that.</p>	<p>Early on in the work, L asks clients what happens before their birth and after their death to bring out their understanding.</p>
<p>15. The person I'm thinking about specifically was someone who was brought up by their mother. They didn't know their father, they were mixed race, they were a serious self-harmer, they were diagnosed with I think antisocial and paranoid personality disorder. They were an IV drug user, they had been in and out of prison most of their lives and had periods of keeping it together, having a job. But he had found his mother dead and it was like as he got nearer the age that his mother was</p>	<p>One client was a mixed race, self-harmer with a diagnosis of APD.</p> <p>The client was an IV drug user and had been in prison many times despite functioning well at other times.</p> <p>As the client reached the age his mother was when she committed suicide, the client deteriorated and it intensified.</p>

when she killed herself, it seemed to get more and more intense and worse and worse and worse.	
16. I suppose what I attempted to do with him was to get him to acknowledge his part in where he was, the choices he had made, the conclusions he had reached that led him to where he was and what I seem to be good at is listening, talking, being with people. Being real and that's not something that people generally and often people in prison experience.	<p>L facilitated the client to acknowledge his part in where he was and the consequences.</p> <p>L seems to be good at listening, talking and being real with people which isn't often experienced in prison.</p>
17. So on one level we seemed to have a good relationship, he sought me out, he wanted to come, he came as often as possible, weekly and he would be there struggling but he would still want to sit in a room and in some ways that's enough.	On one level, L and the client had a good relationship and the client attended.
18. I'll often say to people 'why did you come and sit in this room with me, so why do you come here then, what do we do here, what is it'. 'Oh I feel better when I come and talk to you', 'well how do you feel better, what is it about this'. So I try to de-mystify what's going on and I try to get them to engage in the relationship in a certain sort of way.	<p>L often asks clients why they come to therapy and how it is helping them.</p> <p>L tries to de-mystify what is going on in the therapeutic relationship.</p>
19. He would come regularly but I knew he wasn't telling me the truth. I knew that he was lying, he wasn't telling me the whole truth.	However, L knew the client was lying.
20. The problem with people in prisons I find often I'm thinking of this person particularly who seemed full of despair and hopelessness was that he was described as being manipulative as a lot of them are. 'He's just being manipulative, he's attention	<p>What makes working with despair in prison difficult is that their despair is described as manipulative.</p> <p>L tries to explain that this isn't attention seeking, but a desperate attachment seeking.</p>

<p>seeking, his cutting is attention seeking.' I try and, when people say that to me, I say 'well actually I like to describe it as attachment seeking' to turn it round and that's what he seemed to be doing, he was desperate to attach.</p>	
<p>21. Now he trusted me because I didn't bullshit him and I didn't bullshit him because I didn't have to. I didn't have to coerce him to do anything particularly.</p>	<p>The client trusted L as L didn't have to bullshit or coerce him.</p>
<p>22. Prisons are coercive institutions, people are constantly being coerced.</p>	<p>Prisons are institutions where people are constantly being coerced.</p>
<p>23. I remember going over to a wing office once and he was on a wing and it wasn't the best wing for him to be on, it wasn't the wing where he could be monitored. He was on an ACCT document, he couldn't be monitored very well. I remember going over in the wing office and saying, mentioning his name and there was half a dozen officers in the wing office and several of them went 'so and so, pain in the arse, manipulative, why do you want him to go over to this'. There was a wing I wanted him to go on which is the newest wing in the prison and they said 'we can't possibly, why should he get special treatment'. And I said well 'I can see how difficult it is for you to have to give anyone special treatment because you have to be even handed and treat everybody evenly but some people need to be, you have to differentiate the treatment for some people, some people do need some sort of things.</p>	<p>L requested for the client to move wing as the prisoner was at risk, however the viewed this as manipulated special treatment.</p> <p>L explained that sometimes one need to differentiate treatment for different prisoners.</p>
<p>24. I fought for him to go over to this place and I was trying to work out</p>	<p>L fought for the client's move but wondered about his motive and</p>

<p>where my motives were, was I getting too involved. I think I thought this guy was gonna kill himself and I think in my mind my part in this was I feared that he was going to be the first person that I worked with who killed himself.</p>	<p>involvement.</p> <p>L feared the client would commit suicide and this would be his first client to do so.</p>
<p>25. Basically his behaviour did spin out of control, I managed to get him on that wing and then he messed up, he was lying to me, he was self-medicating within the prison, he was getting in debt and some people put contract out on him so he wouldn't leave the wing and because he wouldn't leave the wing, he had to be working to be on that wing and so they moved him back to another wing which was even worse than the wing he had been on previously.</p>	<p>The client was moved but was subsequently moved back due to his coercive behaviour.</p>
<p>26. I'm aware of the rescuer-persecutor victim dynamic. I was trying to remain aware of that because I am aware of my part in hopelessness, despair, is if I can get this person to have some hope, then I do it in my life and my life isn't devoid of hope and my despair is dealt with in helping that person.</p>	<p>L was aware of the rescuer-persecutor, victim dynamic.</p> <p>L knew that if he could get the client to experience hope, they he would be dealing with his despair also.</p>
<p>27. I'm aware of that dynamic and this person span out of control until he got onto this wing and he was self-harming and the officers were finding it very difficult to deal with 'this guy's manipulative' and he self-harmed and his self-harm increased to a point where we couldn't keep him in the prison anymore, we don't have 24 hours healthcare and our prison is 45 minutes from the nearest hospital basically. I said that I thought he should be moved to this prison where we have a</p>	<p>The client was viewed by staff as manipulative.</p> <p>The client's self-harm increased to a point where he couldn't be held in prison.</p> <p>L advised the client should be moved to a prison with a healthcare department.</p>

<p>bed at a regional prison that's some distance from us but it has a 24 hour healthcare and that's where we send people who are very ill, physically in danger or mentally or need 24 hour healthcare basically.</p>	
<p>28. So he went there and I went there to see him. I got permission from my manager to go there every month and keep this therapeutic relationship going.</p>	<p>L continued the therapy, visiting the client once a month.</p>
<p>29. Part of me was convinced that he was gonna kill himself. That was quite difficult I suppose because I've never had a client that has killed themselves and I can imagine the voices that might be activated in my head telling me how useless I was, that I was unable to save him from death or his despair and that touches my sense of hopelessness and despair.</p>	<p>L was convinced the client would kill himself.</p> <p>L feared his internal critic deeming his useless should the client commit suicide.</p> <p>This touched on L's despair and hopelessness.</p>
<p>30. If anything what my work has shown me is that I'm doing this almost as much for me as I am for them. Somebody asked me this once, I was with a client a few weeks ago and they said 'why do you do this, why are you here sitting in a room with me then' and I attempted to tell him and part of my description was 'if at most I'm doing this 49% for me, that is the most I will ever do for me, but this relationship is for me as well'.</p>	<p>L is aware he does the work 49 for him and 51% for the client.</p>
<p>31. I believe a real relationship and a therapeutic relationship has to contain the possibility of both people changing otherwise it's not a real relationship.</p>	<p>L believes that a real therapeutic relationship has to contain the possibility of changing therapist and client.</p>
<p>32. When I talk about despair, when I talk about my work with people who are desperate, I am as much</p>	<p>When working with despair, L is working on his despair through the client.</p>

<p>working on myself through them. Hopefully I never get past that 49%.</p>	
<p>33. So there was this man who was a lost cause as far as other people were concerned and he was sent to this prison you know with 24 hours healthcare and I would visit him and he would always be pleased to see me. He would be bandaged up, he would be self-harming and the psychiatrist asked to see me and I spoke to this psychiatrist. I would try and give him my take on where this guy was and what was happening for him. This man one day said goodbye to me and he said 'look I just wanna say goodbye and thank you very much for all the work you've done with me'. And just the tone of voice and the way he said it and everything, it was him saying goodbye and I said 'what are you saying to me, it's sounds as if you're saying goodbye, its sounds as if we're never going to meet again.' And he said 'I don't think he will' and we investigated this and where he was reaching up out of sort of despair which was as close as he could, he was going to kill himself, any opportunity he was going to kill himself and I said to him, 'well I've got to talk to the people here, I've got a duty of care to you, I'm going to tell them what you've said to me I'm sorry because you know I have a professional duty. I respect your right to want to kill yourself or to end your life or to kill yourself but I still have a professional duty of care'. He understood that and he went back to his pad and I told the staff.</p>	<p>One session the client said goodbye and thanked L for the work.</p> <p>L asked the client is he was saying goodbye and the client confirmed this.</p> <p>The client voiced his complete despair and want to kill himself at any opportunity.</p> <p>Through his professional duty of care, L informed the client he would need to inform the staff of the disclosure made.</p>
<p>34. I felt quite confused because I talked about my process and how</p>	<p>L felt confused as in relationship with another human, processes touch and there</p>

<p>it is when I get involved with a human being, our processes touch somehow and there's an element of love in that sort of connection to another human being.</p>	<p>was an element of love and connection.</p>
<p>35. But I'm also aware of boundaries and I'm also aware of manipulation. Now this person was manipulative. It seems to me we're all manipulative. The more the disempowered you are, the more obviously manipulative you may have to be or cleverly or subtly manipulative you have to be in order to get some power in the situation. He had told me this and I was trying to think what is he telling me, what is really going on here.</p>	<p>L is aware of boundaries and how they can be manipulated by prisoners.</p> <p>Manipulation is positively correlated to feelings of disempowerment.</p>
<p>36. I told the staff and I went and I felt terrible. I thought he's gonna kill himself, but he didn't kill himself. I went back there the next month to see him and he was still alive. He'd self-harmed and he'd cut himself and they were talking about moving him to another prison.</p>	<p>L informed the staff of the disclosure.</p> <p>The client was alive at the next session however he had cut himself to a degree which warranted a move to another prison.</p>
<p>37. What happened, and I hadn't thought about this until I'm telling you this, it's as its coming to me as I'm telling you this. I had forgotten all about this. One of the mental health nurses that works there said to me, 'could I have a word with you in private' and she took me into this and she said 'I've got a real problem here because of what this guy would be saying 'no they don't understand me, they're lying to me, they're manipulating me, they're doing all these things me to.' Now this nurse said to me, 'I've been talking to you because I've got a relation with Mark and I've been talking to him'. She used</p>	<p>A left-wing mental health nurse voiced her concern that despite having witnessed the staff taunt the client, she had been ostracized by the staff as they claimed the client was grooming the nurse.</p> <p>The nurse became desperate and stated she may leave the prison as she couldn't stand the maltreatment of the client.</p>

<p>counselling and therapy too, she was one of these sort of left-wing mental health nurses that are actually admitting to the possibility that therapeutic intervention might be more helpful than just whacking drugs into them. And she said ‘I’ve got a real problem, I’ve been ostracized by all the staff here because I’ve been working with this man, they say he’s manipulating me and he’s grooming let’s say, but the staff here are horrible to him, staff here lie to him, they taunt him, they do all sorts of things to him’. I had a long conversation with this woman she was desperate, she was saying ‘I may have to leave here because I can’t stand the way that these people are punishing him for what he’s doing’.</p>	
<p>38. That feeds into his sense of despair so there’s a way in which of course, he makes his world as it is ‘cos he’s cutting and he’s a man who could be extremely violent to staff. She has made a connection with him and had found that damaged child if you like within him. All these other people, all the other staff had not done that and saw him as this very big black man so whether there was any racial things about it I don’t know. I’m not gonna go there but he’s very physically imposing and lots and lots of self-harm.</p>	<p>The maltreatment feeds into the clients sense of despair and his behaviours such as self-harm and violence to staff.</p> <p>The nurse had connected to the ‘child’ whereas the other staff had only seen the clients’ behaviour, demeanor and self-harm.</p> <p>L wonders where there was a racial element.</p>
<p>39. I was quite disturbed about this because I find that there’s many processes going on in the prison. One of them is the way that people in prison is thought about by a lot of people as a dustbin. It’s on the edge of society, so we’ve pushed these people in there, we’ve demonized them and then</p>	<p>Prison is thought of by many as a dustbin for people on the edge of society.</p> <p>Not all but many of the prison staff are resentful of the job and prisoners.</p> <p>Prisoners are demonized, viewed as bad, evil and manipulative and split off.</p>

<p>we don't have to deal with those aspects in ourselves. Not all prison staff are like that, there's some great prison staff but a lot are like that in my experience. They're not doing their job because they have a desire to do the job. They need a job and they're often living near a prison and they resent the job and they resent the people in there. So they're bad, they're evil, they're wrong and they're manipulative and they are pushed into this place and if they do that they don't have to deal with that part of themselves.</p>	<p>This functions so that people don't have to face such aspects within themselves.</p>
<p>40. Now that happens a lot and whilst working in prison I've become aware of my own processes I suppose because that's what I do. I need to become aware of those because they're my tools, my own self-awareness is really, really important when I'm dealing with other people. And other people don't necessarily have that ability.</p>	<p>Working in prison L has become aware of his own processes which are his tools in the work.</p>
<p>41. This man for instance understood this, he knows this, he can see how other people are to him. He can see the lying, he can see the manipulating, he can see how the staff behave.</p>	<p>The client could see how others behave towards him.</p>
<p>42. It reminds me often of how children grow up in a family and they're very aware of how their parents are talking, how they're lying, how things are not said. There are so many things under the surface and in the prison the same thing happens so that lack of awareness of process.</p>	<p>The prison reminds L of families where children grow up aware of the lies, what is said and what is not said.</p> <p>In prison, there is a lack of awareness of these processes playing out.</p>
<p>43. These people are punished again and again so he would be punished and that would just confirm his world-view and feed</p>	<p>The prisoner's constant punishment confirms his world-view and feeds into his sense of despair over not ever being understood.</p>

<p>into that sense of despair and hopelessness that nobody would ever understand him.</p>	
<p>44. Yes he has a part in that and yes he would take drugs and would self-harm and keep digging this pit so it would get deeper and deeper.</p>	<p>The pit of despair became deeper and deeper through the client's self-harm and drug use.</p>
<p>45. I think there's a sweetness about a sense of despair, there's something that's very clawing and it's almost better the devil you know type thing. You get used to thinking that it's a way of seeing the world.</p>	<p>Despair is a way of seeing the world that one can get used to.</p> <p>For L, there is a clawing sweetness about despair; a better the devil you know.</p>
<p>46. I've experienced that despair in my life but now what I do is I go into the prison and I deal with my sense of despair through working in the prison with other people who exhibit despair and I suppose I can measure how I deal with it by how I deal with them and whether or not I can persuade them that I do bring hope into the work.</p>	<p>L has experienced despair in his own life but works on his despair through his therapeutic work.</p> <p>L measures how he deals with despair by how the client deals with despair.</p>
<p>47. There's another person I'm thinking of who I saw for about a year and a half. He'd been to Grendon, he'd had lots and lots of therapy. I think he'd reached a point in his life, he was a heroin addict, he'd got onto the methadone programme and then he'd come off methadone and what happens to a lot of people it seems to me also they get this sense of their inauthenticity. This guy had used drugs, he had a childhood of sexual abuse, all sorts of abuse and he'd grown up, got into criminality and using heroin.</p>	<p>A second client was a reformed heroin addict who had experienced abuse and criminality throughout his life.</p> <p>He had experienced therapy and a therapeutic community in prison which enabled him to explore his authenticity.</p>
<p>48. It's a sense that they describe it as this isn't me, it's as if there's a bit</p>	<p>The process involves an awareness that there is a part of them that hasn't been</p>

<p>of them that they're looking at. It's a bit like the sort of Rogerian thing of individuation, and as you plant the seed it grows. Well for them it's an awareness of there's a part of them that they've never let grow and maybe an idea that if they could let that grow then things wouldn't be so hopeless.</p>	<p>able to grow.</p> <p>The process of individuation is linked to hope as if they could grow, they wouldn't feel so hopeless.</p>
<p>49. He could see he was stuck in this downward spiral and he somehow he had managed to pull out of that, perhaps through seeing me and that awareness. I wouldn't like to take all the kudos for that. He'd decided anyway to stop taking the methadone and to really look at himself and change and of course when you do that, you get in touch with all the amazing things in you, about yourself, but you also get really in touch with all the dark things too.</p>	<p>The client has been stuck in a downward spiral but potentially through therapy and his increased awareness, he had been able to change.</p> <p>On attending to himself, the client got in touch with light and dark aspects.</p>
<p>50. I think at that moment it's quite possible to really get in touch with despair that you've managed to self-medicate away. So at that point he was faced with no reality and authenticity and I think it's really difficult to live like that. Especially if you've managed to avoid it most your life so he carried on going for it and he tried his best and he was working on the farms and he wanted to go off and become a tree surgeon and turn his life around.</p>	<p>At the moment of becoming self-aware, it is possible to get in touch with the despair that was previously avoided.</p> <p>It's difficult to live authentically, especially if one has avoided it throughout their life.</p>
<p>51. And then one day he didn't turn up for his session and I said what if I tried to find out where he'd gone, he was done the bloc, so I went down the block to see him. And he said 'I've been stitched up, there are officers in this prison who never liked me and they stitched me up. They said I've done something that I haven't</p>	<p>One session, the client didn't attend and L found out he was in segregation.</p> <p>The client said he had been stitched up.</p>

<p>done.'</p> <p>52. So you know I go round and I talk to other members of staff and I have to be very careful 'cos I'm the pink and fluffy therapist and a lot of staff see me like that. As you know, they are there, the security is paramount so they come from this angle and I come from not a directly opposing angle but I come from a totally different place where I'm dealing with people. I'm looking interact therapeutically as that's the main thing, the therapeutic aspect of my interactions with them. Whereas the other, they clearly think security is the paramount aspect.</p> <p>53. This was a guy who, who had almost given up several times but he'd made a huge effort to change his life around and what seems to have happened was the system still tore him apart. He's no longer in the prison but to this day I don't know whether he was telling me the truth or everything I heard from the prison and the system was telling me the truth. He swore to me, he swore blind to me that he hadn't done what he had been accused of doing.</p> <p>54. And then I'm there where do I go with that so at this point who do I believe, where is the truth. In a way it doesn't matter but in a way it does matter, finding the truth of, of what's going on is really important. And he went from the prison and I don't know where he is now and I've not heard from him. He said 'I'll write to you' but he hasn't written to me.</p> <p>55. I don't think he's killed himself, I would have heard if he'd done something like that but he seemed</p>	<p>A number of staff in the prison see L as the pink and fluffy therapist.</p> <p>L comes from a different place from prison staff when dealing with prisoners.</p> <p>The angles of approach are opposing.</p> <p>L is attempting to interact therapeutically with the prisoners.</p> <p>The client had almost given up many times but turned his life around.</p> <p>The system tore the client apart and to this day, L doesn't know whether the client or the prison were telling the truth.</p> <p>L thinks that finding the truth behind what is going on is important.</p> <p>L has not heard from the prisoner despite the client saying he would write to L.</p> <p>L doesn't think the client has killed himself.</p>
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<p>to me somebody who had really tried and then when I last spoke to him, he was resigned and he wasn't despairing but he wasn't far off from it because he was saying to me, 'I've done all this and I felt I was that far away from changing my life around and doing something worthwhile and becoming somebody I'm capable of and this happens'.</p>	<p>Last time L and the client spoke, the client was resigned and not far from despairing over what had happened.</p>
<p>56. If that doesn't lead to despair and a sense of hopelessness, i.e. whatever I do, it means nothing, whatever I do, the sum of everything I do in the end is dust.</p>	<p>Despair and hopelessness came about through the thought that whatever I do means nothing and is worth nothing.</p>
<p>57. So sadness, a lot of sadness about.</p>	<p>The led to a lot of sadness.</p>
<p>58. I work in this system which I think is shit. It's human beings do what they do best which is fucking everything up basically. Self-seeking, self-aggrandizing all sorts of, all complicated. Their processes get enmeshed with other peoples in a huge system and it's like a big rusty machine that crushes people.</p>	<p>L thinks the prison system is a shit, self-aggrandizing, rusty machine which crushes people.</p> <p>The prison involves human beings doing what they do best which is fucking everything up.</p>
<p>59. I give meaning to my life now by working in the prison so my sense of despair and hopelessness is being dealt with. I deal with my sense of despair by feeling that I make a difference and by touching other people's sense of despair.</p>	<p>L gives meaning to his life and deals with his sense of despair by feeling he is making a difference to others.</p>
<p>60. I know that I can get low and feel that this is like pushing a rock up a hill. But more often than not I come out of our session feeling a sense of hope and that's my sense of hope as well as perhaps there's. But I'm owning this as my sense of hope that something can come out of this. So I'm very aware that I can't separate working with</p>	<p>The work can feel like pushing a rock up a hill.</p> <p>Often L leaves the sessions feeling a sense of hope, which he also owns as his sense of hope.</p> <p>L is aware he can't separate working with despair from his own sense of despair.</p>

<p>despair from my own sense of despair. And that, I hadn't thought about before I started talking to you actually, it's quite interesting. I like that, it's quite nice.</p>	
<p>61. My supervision is pretty good. I have a slight problem with it in that the person that's supervising me is not a psychotherapist or a counsellor, he's a primary mental health work, cognitive behavioural training and a mental health nurse. He's a really good guy and the our supervision sessions are good, but I have a sense of it lacking, it lacks a certain awareness from his part that he's not able to bring to those supervision sessions so actually talking about what I've just talked about is quite difficult. Taking about those real own processes within the work is difficult, so I think I would welcome that.</p>	<p>L's supervisor is good however he is a CBT practitioner and mental health nurse as opposed to a psychotherapist.</p> <p>The supervision sessions are useful however they lack depth and awareness of therapists own processes.</p>
<p>62. I know nagging away in my own head is I should go back into therapy. I haven't been in therapy for so many whatevers and I can rationalize either doing it or not doing it.</p>	<p>L feels he should go back into therapy but has a rationale for both going into therapy and for not re-engaging.</p>
<p>63. I feel I have a reasonable amount of self-knowledge. I have hundreds and hundreds of hours of therapy throughout my life, so I have a reasonable amount of self-awareness.</p>	<p>L has a reasonable amount of self-knowledge and hundreds of personal therapy hours.</p>
<p>64. My wife has got an incredibly fine mind so talking through things with her tends to help very much.</p>	<p>L's wife has a fine mind and he finds talking things through with her helpful.</p>
<p>65. Walking the dog and physical activities are a way of processing it, reading and I feel very much like this is a really important process for me.</p>	<p>Physical activities and reading are important processes for L for working through the despair.</p>

<p>66. I'm learning masses and I learnt masses about myself every time I sit in a room with somebody every time I'm working.</p>	<p>L learns about himself every time he sits in a room with a client.</p>
<p>67. And as long as it's only 49% I think that's really my sort of rule of thumb. I try to remember that I'm there for me absolutely and it seems to me, I think when I first came across that as an idea I think I read about it before I actually perceived that as a reality. I found that quite frightening, something ultimately selfish about that but I've since looked at that and I think that's is not selfish at all, and anything selfish it seems to me very important and that enables me to work with people, that awareness of the Jungian wounded –healer thing. That awareness of my humanity and in terms of what we are talking about specifically my despair, it's present in the room and I'm sure people understand that.</p>	<p>L remembers he is there for himself also and despite originally finding this concept frightening and selfish, it enables him to work with clients.</p> <p>L draws on the Jungian wounded-healer concept.</p> <p>Working with despair, L's despair is also present in the room and he thinks clients understand this.</p>
<p>68. A lot of them understand that on some level then that's my ability to be real, and I don't ever say that I don't ever say 'you know I've been there, I understand exactly what you're feeling'. I don't believe I've ever brought it into the room explicitly. I can't think of a time when I have, that could be unprofessional. It's not I don't reveal things about myself but before I reveal them, I've got this little check thing of why am I doing this, why am I telling you this, is it for the relationship, is it only 49%. I've always got that 49% maximum and I think that's important.</p>	<p>L doesn't disclose his despair explicitly as he would view this as unprofessional.</p> <p>When responding to clients, L checks the motivation for his response and whether it is for the relationship.</p>
<p>69. People often ask me this because people go, 'oh'. I also realise that there is a vampiric part of me, as</p>	<p>The vampiric part of L realises he gains energy and power from doing something that has an emotional and psychological</p>

<p>with a lot of people, a way in which I gain energy and I've always done, I've done this throughout my life. So there's a part of me that gains energy and power from doing something that has some sort of emotional and psychological status.</p>	<p>status.</p>
<p>70. I was a musician you know and I used to minimize it but I used to love it. All the things I've done in my life have always been things I've enjoyed doing and thought worthwhile.</p>	<p>L was a musician and loved it.</p> <p>L has always done things he enjoyed and thought were worthwhile.</p>
<p>71. I really get a feeling of something of self-importance because I do these things so people say 'you are a therapist in a prison, that must be amazing' and there's part of me that just sort of just goes 'yeah it is, yeah it's really difficult sometimes'.</p>	<p>L gets a feeling of self-importance as people ask him enthusiastically about the work and he reflect how difficult the work is.</p>
<p>72. I'm very much aware of that it seems to me that's fine because, I don't want to be a do-gooder you know but I want to do good.</p>	<p>L doesn't want to be a do-gooder bit wants to do-good.</p>
<p>73. It seems to me that I'm holding a candle, it's always gonna be dark but I've got to keep that candle alive and it's like a home for that and it brings it bit of light. Light will never destroy darkness, but the game goes on.</p>	<p>In the work, L is holding a candle which brings a bit of light amongst the darkness.</p> <p>Light will never destroy the darkness.</p>
<p>74. A lot of people in prison think they feel a sense of sense of despair because they don't understand themselves, because they honestly don't understand what's going on and if they're given the space to explore what is going on and what their part in it is, then actually despair is put into context and then they can go there for a while and they can use despair to do something, keep</p>	<p>People in prison feel despair as they don't understand themselves or their processes.</p> <p>If they are given space to explore it, then despair is put into context.</p> <p>Clients can them use the feeling of despair to do something such as get attachment or attention.</p>

<p>them there, get them closer, get them to death a bit sooner, get attachment or attention; they can use that feeling of despair.</p>	
<p>75. Most people when they show despair are faced with it and they turn away from it because it's too scary, because it resonates with them and if they haven't thought about it or dealt with that they can't because it would destabilize them. Like a lot of powerful emotions, it will destabilize.</p>	<p>When facing despair, most people turn from it out of fear of being destabilized.</p> <p>As a powerful emotion, despair can destabilize people.</p>
<p>76. You know the foundations that most people's lives are built on are really very shaky, it doesn't take a lot to kick those foundations away. You can pull away that and leave people struggling as they fall and when they hit the ground they just keep going.</p>	<p>Most people's psychological foundations are shaky and easily destroyed.</p>
<p>77. Despair is a powerful, that sense of loss over a lot of things that are very powerful.</p>	<p>Despair and the associated feelings of loss are powerful.</p>
<p>78. I didn't know what I wanted to say in the first place really. I tried not to rehearse what I was going to say because I thought that was sort of missing the point.</p>	<p>L tried not to rehearse for the interview as he felt this was missing the point.</p>
<p>79. What I found in talking to you is what I tend to do but my wife doesn't work like this at all. I mean she often sort of has a joke at my expense. She says I work things out by talking about them so I talk and I listen to myself talking and it's as if I sort of go somewhere and that's what happened today. I have no idea what I said today, actually. But I know that it sort of grew, it just sort of seemed to come from that initial question, which seemed to be the point of what you were</p>	<p>Talking in the interview L realised he repeated his pattern of working things out by talking about them.</p> <p>In the interview, L allowed himself to speak without censoring it.</p>

<p>asking me really. So I just talked and I allowed myself to say whatever came out, I didn't sensor it or I didn't try and find meaning in it before I said it, I just said it.</p>	
<p>80. It's up to you to find meaning in it I suppose. And if I get to read it I can find my own meaning by reading it. That seems to make sense to me, that seems to be how life works really.</p>	<p>It is up to the research or reader to find meaning in the interview.</p>
<p>81. It occurred to me a few years ago and sort of hit me quite starkly that I never realised but everyone makes it up as they go along. I didn't realise this. I sort of presumed that there was a building we all had to inhabit but it's not, it's being built all the time, it's being made up as we go along so that means it's really up for grabs.</p>	<p>A few years ago, L realised how people make it up as they go along.</p> <p>L assumed there was a metaphoric building to inhabit but now releases the building is continually being built.</p>
<p>82. I grew up quite late in my life I think. Being a musician is a bit like trying to remain a child and I see that in a lot of my clients. Trying to remain childlike, is easiest to go when faced with despair that's a great place to go, and I'd go there and I'd play and I'd make my own little world that didn't contain despair, contained testing and maybe some good and evil and power, but it didn't contain despair because there was always a boundary.</p>	<p>Being a musician was like remaining a child for L.</p> <p>When faced with despair, L would play music and create a contained ad boundaried world without despair.</p>
<p>83. Since I've grown up I've realised that I've just made those boundaries and they're not particularly there.</p>	<p>However L now realises he created these boundaries.</p>
<p>84. Despair well it's a bit like happiness really, it's like a byproduct of something, it doesn't exist in itself, it's because of something else it seems to me. A</p>	<p>Despair is a byproduct of something and doesn't exist by itself.</p> <p>Despair like a shadow is a lack of something and pulls us in.</p>

bit like shadows don't exist they're just the lack of something. Just like a shadow because it's like it pulls us there.	
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I. Jenny

Meaning Units	Main Element of Meaning
1. When I read the stuff and sort of went back over the people that I'd worked with and one person in particular or two people in particular came to mind.	Planning for the interview, 2 clients came to mind for J.
2. One who himself was in despair and I can't recall him actually using that word but he was struggling enormously with issues around his offence and he was convicted of a child sex offence and it wasn't the actual perpetrating of the offence that was so troublesome for him, what was very troublesome for him was the relationship with his girlfriend who was a, a co-accused. Issues to do with her, she didn't get a custodial sentence and the fact that it was reported in the paper and he was very, very troubled by the fact that it was reported in the paper.	<p>One client convicted of a child sex offence was in despair and struggling with his relationship with his partner, the co-accused.</p> <p>The client was troubled by the reporting of the case in the newspapers.</p>
3. I saw him for about 8 or 9 months and as we worked through stuff a phenomenal level of emotional deprivation came through with the interview and he reported it in a very, very quiet speaking voice, all very quietly but also quite a flat voice. He didn't get into the emotion of those experiences, of it as a child, which were around. Almost no family contact, living within a family house but eating all his meals on his own right from being a very little boy and having very, very, very little emotional sort of contact within his family and then he had a lot of problems around food and eating, what he could and couldn't eat and a very troublesome thing for	<p>Throughout the work a phenomenal level of emotional deprivation was communicated in a quiet, flat, emotional less voice.</p> <p>The client has multiple issues including problems with food.</p>

<p>him.</p> <p>4. What he started off by saying he wanted most of all was to be given tools to block his emotional responses and clearly we'd worked with that not being what counseling was for, quite the opposite but he kept coming but he very much wanted not to experience those feelings.</p> <p>5. That was somebody who was in a very difficult place emotionally and found it very, very difficult, very bleak. A huge amount of shame around the public exposure for him. Then he didn't relate the shame that he felt to his sort of earlier life and his earlier deprivation.</p> <p>6. The other person who came to mind was somebody who, when I first started working with him he was on an ACCT for some quite superficial self-harm. I know that sounds quite judgmental but it was physically superficial and he hadn't got a history of self-harm and he didn't carry on doing it.</p> <p>7. One of the things that I experienced when I was working with him was an awful lot of sleepiness. There are times when I just found it almost impossible to stay awake and obviously worked through a lot of that in supervision about what that might be about and how I might sort of deal with it and things and eventually the best way, there was a phrase my supervisor used about this man having a strong psychic presence and as soon as she said that I sort of thought that is absolutely right and then I was able to, through visualization stuff really kind of armor myself more.</p>	<p>At the start, the client said he wanted to gain tools to block out his emotional response.</p> <p>For J, counseling acted to do the opposite and this was communicated to the client.</p> <p>The client continued to attend but still wanted not to experience his emotions.</p> <p>The client experienced emotional difficulty, shame and experienced a sense of bleakness.</p> <p>The client was unable to connect the shame around the public exposure to his earlier deprivation.</p> <p>Another client was on a ACCT for superficial one-off self-harm.</p> <p>Working with him, J experienced extreme sleepiness to the point of almost falling asleep.</p> <p>In supervision, J came to realise it was due to the client's strong psychic presence.</p>
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<p>8. Then whatever it was and it remains totally unvoiced this stuff whatever it was that prompted this total withdrawal of me which made me just want to sleep and it was really hard to not sleep sometimes. I used to think I wonder if he notices, I wonder if he actually knows I'm just almost fighting to stay awake in this situation. So that, incredibly strong content which wasn't voiced. I'd kind of really visualize keeping a really strong barrier with myself then I didn't get the sleepiness and also then what happened was that I responded in a much more alert and lively way to him and that really shifted the way he was then able to just be a lot more kind of definite about where he was at and what he wanted to be.</p>	<p>The client's stuff remains unvoiced but prompts a withdrawal of J.</p> <p>J was able to armor herself through visualization and visualizes herself putting up a strong barrier to protect her from the strong content.</p>
<p>9. When reading that stuff and with regards to the question those two are really strong experiences.</p>	<p>These two experiences are particularly strong with regard to despair.</p>
<p>10. The one guy who was in despair and in a very fragile emotional state, he ended up um hearing voices and he ended up through Majorie and through the coordinator thing of the counseling service instigating a security incidence report because he was, I felt genuinely having murderous intent towards his girlfriend, he wanted to kill her and he had voices in his head and a lot of stuff going on really. He was coming up to release so clearly that needed to be mentioned.</p>	<p>The first client in despair and in a fragile emotional state, heard voices and had to be reported over his murderous feelings towards his girlfriend.</p>
<p>11. And then the other thing that does come to my mind also is my own experience of working in a prison. I started in March I think and then</p>	<p>J also thinks the experience of working in a prison has relevance to despair.</p> <p>J attended a conference about counseling</p>

<p>there was the prison services Counselling in Prisons conference in June in York and I went to that and I found myself really surprised that there was, and maybe this had been gone through before or whatever but what I had wanted to kind of hear and wasn't there was around the experience of working in prison so the sort of physical experience, the sensorily experience, the experience of, the clangs and the bangs and the doors and the smells and the stale air and the coldness.</p>	<p>in prison and wanted to hear about the experience of working in prison.</p> <p>J wanted to learn about the physical and sensorily experience.</p>
<p>12. Shrewsbury is a very old prison and they were really struggling as it was a really, really cold winter and men were really cold. The heating almost didn't work and the tiny brick cells and it was cold, very, very cold and I was very impacted by a lot of that.</p>	<p>HMP Shrewsbury is an old prison, very cold with tiny brick cells and J felt the impact.</p>
<p>13. I was very impacted by things like the way that for some, staff in the prison, calling people Mr so and so was a sneer rather than anything and I felt quite often people wouldn't and they would call them by their surname only or they would refer to them in some sort of derogatory way and I found a whole range of ways that people were dehumanized.</p>	<p>J was also impacted by the denigrating use of the prisoner's names or titles.</p> <p>J found a range of ways in which people were dehumanized in the prison.</p>
<p>14. I found that quite difficult and I found the whole experience of the word beauty strongly featured for me and always does when I think about it. The total lack of beauty, the total lack of beauty in the prison, just really did have impact on me.</p>	<p>J was aware of the total lack of beauty in the prison and this impacted her.</p>
<p>15. The very grave difficulty I felt of the task that we were involved with as counselors to get people to engage in this very difficult</p>	<p>J found the task of counseling gravely difficult in getting prisoners to engage and be emotionally open to their difficult stuff.</p>

process of opening up and being emotionally open and in contact with difficult stuff.	
16. Such a barren situation where there's so little other comfort and stuff around.	The prison situation is barren with little comfort.
17. I just thought this is an enormous staff in this hugely sensorily deprived world. In one way it's a very sensorily deprived environment and in another way there's a bombardment of quite nasty stimuli so it's in those respects I just found that quite hard and what we were doing was quite hard.	<p>The environment is on the one hand hugely sensorily deprived and on the other, there is a bombardment of nasty stimuli.</p> <p>J found this and the task of counseling hard in this environment.</p>
18. I wouldn't say I felt despair but I did think that I had response obviously to being in prison.	J didn't feel despair but had a response to being in prison.
19. Sometimes you have a response to what you're hearing, the content of what people have got to say but the whole business of being in prison and what, what isn't spoken about, so how difficult it is on all those kind of levels.	It is difficult on many levels as the therapist can have a response to the content they are hearing as well as what isn't voiced.
20. I would see it being a large amount of hopelessness, a lack of things going to be different in the future, or lack of sort of feeling that there's a point to doing stuff which might change things in the future.	J saw it as a large amount of hopelessness, an inability for things to be different in the future and a feeling there was no point to enabling change.
21. I found a personally interesting line of thought after seeing one guy who came just for a couple of times and he was in there because of drug offences when Shrewsbury still has some function of being a bit of a local prison so he was there for that and in the course of that he had been through some twelve-step treatment a couple of times	J, after counseling a client on drug offences who had received drug and alcohol treatment, wondered how humans deal with regret.

<p>actually and was in a position of really acknowledging what he had done. He had done some quite ghastly things to his own family in order to get money and stuff and I went away from that thinking a lot about how do we cope, any of us, with regret where we're actually in a position thinking well I did do that and it's my responsibility.</p> <p>22. I got into a great lot of thinking about lamenting and we don't do lamenting in our society and I got into reading about lamenting and thinking that maybe doing some actual real, Gestalty thing about sort of whaling on the ground and I thought it might be an interesting thing to do.</p> <p>23. In answer to your question about what is despair I guess it is that thing about having a lot of stuff like regret things which you can't alter anything. You've done something and you can't alter the fact you've done it.</p> <p>24. Then there are circumstances, particularly when people coming up for release where they have very little knowledge and control about what's going to happen, so where they're going to live, and it sometimes it's very last minute before people know what their conditions are going to be and just don't know where they're going to live and so all the sort of things which have propped them up in life before. If it's not in their home town and things and there might be very good reasons to why they're not in their hometown but nevertheless it causes massive anxiety for people.</p>	<p>J thought about the usefulness of lamenting in the work despite it avoidance in society.</p> <p>Despair for J is where you can't alter anything despite having emotions like regret.</p> <p>On release, people have little knowledge and control about what's going to happen on leaving the prison and this creates massive anxiety.</p>
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<p>25. So, I would say there are times then when people were feeling despairing and I guess that's part of the content of that then would be around not having control over things like where you're going to live and who you're going to live with and whether or not you can see family or whatever. All those kind of things really. So it's quite a mixed thing.</p>	<p>Despair is quite a mixed phenomenon.</p> <p>When clients were feeling despairing, the cause may be around not having control over external arrangements.</p>
<p>26. Sort of fundamental thing about not having a sense of hope and possibility and all those kind of things.</p>	<p>There is a fundamental part of despair about not having a sense of hope of possibility.</p>
<p>27. It is that sort of juggle of empathy and an empathic sort of response about I can really hear that or I can really feel that or it's like this or is it like that, along with not wanting to become too kind of confluent so the two sort of too much about it in that position.</p>	<p>J's response is an empathic response along with not wanting to be too confluent.</p>
<p>28. It is also difficult, I mean in any counseling you know the session comes to an end and somebody leaves, will walk out the door, and they're you know going into whatever life their going to. But it's exceptionally difficult in prison as people you know there's such difference.</p>	<p>It's exceptionally difficult for clients to leave the sessions in the prison.</p>
<p>29. I always have a visual image where we were working we had these little rooms, off the bigger visits room so people would come in there'd be two or three guys coming together and they'd be tutting and judging and being the lads together and they'd come in the room and then they'd drop into that sort of space if they'd be working for a little while and then they go out and it's just the minute they get to the door, the demeanour changes and they're</p>	<p>J has a visual image of how her clients would act up as one of the lads until they'd come into the room and drop into the space.</p> <p>On leaving the session, the demeanour changes again and they become the 'prisoner' again.</p>

<p>sort of up and they're the guy in prison again.</p>	
<p>30. I find the sessions quite a difficult thing and then the sessions were very observable there's open windows so the chaplain can see for perfectly good reasons but it does mean that doing things like crying is just very difficult.</p>	<p>J found the sessions difficult particularly as they were observable via windows.</p>
<p>31. I think it was a difficult thing and with the guy that, where it was just out of awareness, unvoiced sort of stuff, that was difficult. I mean that was just a constant thing about me trying to sort of hang on in there really and keep aware and keep wondering about what was going on and not get heaped by somebody who had massive, content, endless detail about what was happening and what had happened and what was happening with his appeal and what was happening. Lots and lots of detail. Just keeping some kind of focus with all that's going on.</p>	<p>J found it difficult working with the client's unvoiced despair.</p> <p>It felt a constant struggle for J to keep focus and think about what was going on for the client whilst feeling overwhelmed by the client's content and detail.</p>
<p>32. There's change over, there's theoretically quarter of an hour between clients but inevitably after this and that for one reason or another and just that little bit of period you need between people, especially if you've been impacted by what people have said one way or another that's quite a difficult sort of thing as well. You have to do that business yourself I suppose but that's yeah I wouldn't say that's about despair about that but actually being able to process and put away one person's stuff enough to sort of then be open to the next person if there's not much time it's difficult really.</p>	<p>The therapist needs the period of time between clients, especially if the client work had an impact on the therapist.</p> <p>This for J is about being able to process and put away one person's stuff to be open to the next client.</p>
<p>33. The one supervision from that I'm</p>	<p>Supervision is very important.</p>

<p>talking about particularly, so the supervision clearly is very important and because I was doing the training I had to have a Gestalt supervisor so I saw somebody and then Majorie was always available if I needed to check out something in particular or sort of just be clear about something. But that's another person, so supervision is important obviously.</p>	
<p>34. Part of the kind of the ritual for me of going there was catching the train, so I catch a train from Glendrgyl where I live and it's sort of an hour and a half or hour and three quarters journey, very early in the morning so that actually was part of it and I used to read a bit of course reading and things so I'd spend that time getting myself into that state of mind. So that was quite good for me I didn't have to rush, or drive or get in a tiz in any other way so it I was able to arrive, in, in a sort of focused state of mind so that's important.</p>	<p>J's ritual of going to the prison included getting herself into a focused state of mind.</p>
<p>35. Actually just physically moving between sessions was quite important actually to just get up and have a bit of a shake, move around or whatever.</p>	<p>Physical movement between sessions was very important.</p>
<p>36. It's also something which I found really was a very useful thing to do that business where one session having ended to sort of clear ready for the next session and then with this person as I said I just sort of felt this huge amount of stuff coming, getting into me and just being able to create a sense of a clear boundary, not an impenetrable one but one which actually defended me properly whereas there wasn't adequately</p>	<p>J finds it useful after one client to 'clear' ready for the next client.</p> <p>J needed to create a clear boundary which defended her properly against the clients stuff.</p>

<p>sort of defended against whatever it was that was sort of around in the room, and coming my way really.</p> <p>37. Sometimes I'd go out at lunchtime but I do get more and more into the habit of staying in at lunchtime and having a sandwich and a chat with one of the other counsellors and just having a huge laugh. That's something which did sort of develop that we just find anything and nothing really funny. It was just funny. A lot of laughs. That was quite an important part of it really. Just switching where you're at totally in terms of trivia and laughter about stuff.</p> <p>38. And then there's also just reading and feeling equip so stuff might come up where I might think there's a particular issue around that I felt I don't really know enough about this or I do need to sort of get back to reading about something. So that's quite important as I think it's quite important to feel professionally sharp really and to sort of come and keep that alive.</p> <p>39. I've worked a lot in mental health settings but not as a counselor I mean that's the nearest kind of comparable thing in terms of big institutions that aren't really around. I'm just kind of running through trying to sort of make comparisons with other people and other sort of situations. I mean the big difference obviously is that you can know other people living in difficult circumstances they can go home, they've got somewhere to go to mostly. I haven't worked with homeless people but there's a whole lot</p>	<p>J got into the habit of spending lunchtime in the prison with another counselor.</p> <p>The counselors would switch off and laugh and this was an important part of the day for J.</p> <p>J thinks it's important to feel professionally sharp so would read about particular issues in the work to feel equip.</p> <p>J tried to compare the prison setting with other people and situations.</p> <p>J has worked in other large mental health institutions but not as a counselor.</p> <p>The biggest difference for J was that most clients can go home after counseling.</p> <p>Clients outside the prison generally have more choice and control.</p>
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<p>more choice and stuff around available to people and what they experience in life they have much more control over. So, that's the difference definitely.</p>	
<p>40. In mental health settings obviously people's sense of despair and hopelessness can be incredibly intense and acute and really totally how they operate even at that time, but I mean clearly I'm thinking about being in custody and having very little choice, being and not having control and the things which make people really angry are like whether their partners started going with somebody else or whether they're withholding contact with their children or whether somebody hasn't got back to them for ages from probation or leaving and you need information about that. That sort of powerlessness really. One thing that really did strike me over the time actually, you're talking about powerlessness is just how everybody feels powerless in the prison and that I mean I really encountered that in mental services as well that people, all, everybody does feel powerless. It seems to me that it seems an extraordinary level of things so to start with we would say we want to do something differently and the chaplains would say 'oh we can't' and then because we're just coming in from outside we would be saying 'why not? Why can't you do that?' I can't remember what else happened; something that made me sort of realise that the prison officers were feeling powerless.</p>	<p>In mental health settings, despair can be intense, acute and the patients way of operating.</p> <p>In custody, prisoners also have very little choice which can lead to despair and anger.</p> <p>J links this to a feeling of powerless where everybody feels powerlessness in the prison including the counselors, staff and even governors.</p>
<p>41. At one point in the prison there was a meeting of the charity</p>	<p>At a meeting of the charity under which the counseling service runs, the Governor</p>

<p>which comes under the chaplaincy under which the counseling service comes and the overall Governor and we were there as the counselors. He came as the principal over the rest of it but he trusted us with a little story about how he'd spent some time on the phone trying to sort out, I can't remember what, but something practical for a prisoner and the story of his own powerlessness in that situation as well and so that kind of really struck me.</p>	<p>told a story of his own powerlessness which struck J.</p>
<p>42. When we first started, the prison was just changing from being a sort of a local prison more or less into the vulnerable prisoners unit and there was a lot of anxiety amongst staff that they were sort of talking about and worried about what these new people would be like, whether they could work with them properly and all that kind of stuff really. So a lot of anxiety and clearly they had no say over the type of prison that it was going to be and that they were then unexpectedly finding themselves working with sex offenders and not being feeling equip to do that and not having any chance to work through for themselves how that felt for them and what the issues raised for them were and all those kinds of stuff really.</p>	<p>There was a lot of anxiety from staff when the prison changed from a local prison to a VPU.</p> <p>The staff had no control or say and found themselves unexpectedly working with sex offenders but feeling unequipped to do so.</p>
<p>43. The experience of powerlessness in prison just goes right through really, it's really weird in a way, coming from the outside you think some people are going to be powerful but lots of people felt that they're not really.</p>	<p>The experience of powerlessness in prison goes right through the prison experience.</p>
<p>44. What I felt is an incredible frustration about the fact that people have no idea because I</p>	<p>J felt an incredible frustration about how little lay people know about what goes on in the prison and probation system.</p>

<p>don't know what goes on in the prison system and the prison and probation service to prepare peoples release. But that whole period, this massive amount of anxiety for people in that period coming up to release and they don't seem to know what's going on and don't get told what their conditions are and don't get told where they're going to live and that seems to be nuts really because the whole idea is that we don't want people to re-offend, we want people to be set up in a better way to live life a different way and the whole thing doesn't really seem to be geared up to equipping people to do that.</p>	<p>In the period coming up to release, prisoners aren't told what is going on.</p> <p>The system does not want people to re-offend but fails to equip people to live a different way.</p>
<p>45. I worked with one guy who was an adult sex offender and very likely to commit further offences and once they realised that I was working with him, there was a great 'woo, oh my goodness, woo, nobody should be', and there was a kind of hoo-ha about having to work in a different, much more visible sort of space and things like that. Because he'd committed a horrible offence and I think it's very likely he will carry on and commit further offences when he's out. And nothing there was a great panic about the fact that he was having 1: 1 counselling with a woman and no other work with him because he couldn't be on his own with women, so no other work with him, no other way of him working out about relationships with women in a different way.</p>	<p>The prison became anxious that J was working 1:1 with a male sex offender.</p> <p>The prison decided he shouldn't work with women 1:1 but that meant he had no way of learning about appropriate relationships with women.</p>
<p>46. Again he was somebody else that had an astonishing level of emotional deprivation as a child. If I believe and I do believe what he was, his account of his</p>	<p>The client had an astonishing level of emotional deprivation as a child.</p>

<p>childhood about just being out on the streets on his own as a 4 year old living pretty much his own life and being quite powerfully in control of his mother, she sounded quite frightened of him as quite a little boy. And he'd been indifferent types of care and different types of residential schools and stuff from quite a young age and very, very little educational attainment but, bright enough. He could well have attained more.</p>	
<p>47. So he was going out of prison and some other things which drive me nuts really being frustrated that a lot of people would have very little skills, especially if they had gone from mother to woman, partners and then have very little skills in terms of cooking, washing, all that kind of stuff and no kind of basic check about how people manage when they're out. Certainly for this guy, he had been in institutional care all his life really. He's in his late twenties, and he just wouldn't know how to open a bank account, how to manage within a budget, how to have a relationship with a landlord, those sort of things, let alone how to set up relationships with women.</p>	<p>J was frustrated about the lack of basic management skills the prisoners have on leaving the prison and how there is no basic check by the prison on whether the prisoners can manage on leaving.</p>
<p>48. And then what other stuff about he needs sex and the thought that the prison service would actually say how do we arrange for this guy to experience sex in a way which is not going to be damaging to women and maybe that wouldn't be possible for him because he wanted to do violent things to women but he also did need sex and just that's just nuts, that's just the most ludicrous. You know this man can't even have a</p>	<p>The client needed sex and J wondered how the prison would arrange the prisoner to experience sex in a way which wouldn't damage women</p> <p>However this may have not been possible as he wanted to carry out violent acts on women.</p> <p>J was frustrated about the client being unable to experience sex without observation.</p>

<p>wank on his own because of the sort of you level of observation and stuff. How is he ever going to learn about sex and so it's just so frustrating.</p>	
<p>49. And it's frustrating because in other sort of areas of life I'd set up stuff, you organise stuff, you do things but I did find I'm just a counselor I just work with this person this sex offender, I've got no sort of other thing and that really I want to do something.</p>	<p>In other areas of her life J would organise things for the client but as a counselor, she felt frustrated at not being able to do anything.</p>
<p>50. Just the idiocy of the prison system, I find it's a very rare person that's gonna come out of that system thinking well that did me a bit of good. Very few people are gonna come out thinking hang on that was actually a bit tough but an experience for the best; not many people are gonna say that.</p>	<p>J noticed the idiocy of the prison system.</p> <p>J finds it is a rare experience that the prison system is beneficial for prisoners.</p>
<p>51. It's sort of reignited all my frustrations and thinking how ludicrous the system is, so in a way, actually it is quite difficult as a counselor where you know such a lot about the person and you really want them to be able to sort of function well and to go forward in life and you just know they're going walking out that door with 46 quid and prison issue clothes.</p>	<p>The interview reignited J's frustration about the prison system.</p> <p>J wants the prisoners to function well however doesn't believe the prison equips prisoners for moving forward in life.</p>
<p>52. You know that's it really that they're back again in a short space of time or something else you know, they're getting into grim stuff.</p>	<p>J knows that in a short space of time, they will be back in prison or getting into 'grim stuff.'</p>

J. Moira

Meaning Units	Main Element of Meaning
1. Well just as a preamble to that, I've worked in two if you like quite distinct capacities when I was working with prisoners on remand.	M has worked within two distinct capacities with prisoners on remand.
2. One of the sort of almost default positions was distress and depression and that was mainly because of the utter shock to the client of their own behaviour and what they'd done.	One of the prisoners default positions was depression and distress due to the shock of their behaviour and offence.
3. I worked a lot with what I call murder remands, people whose headline charge was murder. Often it was commuted to manslaughter but the headline charge was murder and their world had fallen apart so there was total desperation.	L worked with many murder remands. Even if the charge was commuted to murder, the prisoners would have fallen apart so there was a sense of total desperation.
4. I worked with people who had been sentenced and often their total desperation if you like and sense utterness and utter emptiness was often to do with what they'd lost, particularly if it was to do with contact with children or partner. So in that case completely, completely desolate, completely devastated.	Working with sentenced prisoners, their feelings of despair, desperation and emptiness was often about what they had lost. They were left feeling desolate and devastated.
5. How did I work with them. I think essentially and initially it was about being there for them because then again a default position was total sense of nothingness that they had no sense of personal value, certainly no sense of personal worth that wasn't even on the radar.	Essentially, the work was about M being there for them as they had nothing, no sense of personal value or worth.
6. It was about being there for them and gradually letting them see it	Gradually the work involved letting the prisoners see the space was there's to use

was a space to take but it was also a safe place to be.	and was a safe place to be.
7. That was particularly so with the people who were there on remand. Particularly murder remands.	This was particularly working with murder remands.
8. Also a lot of these people have actually lived with despair because their very first experiences of life were in such devastating situations of abuse, deprivation, brutalization that there again to use the same expression their default position was despair.	Many prisoners had lived with despair because their first experiences of life were devastating situations of abuse, deprivation and brutalization. Therefore their default position was that of despair throughout their lives.
9. It was about what I was trying to do with them and the way I was working with them was essentially to demonstrate that I was there for them and that I wasn't going to offer them platitudes that I was in a sense going to be very real and if you like, it was then realising that the reality can't change and I would never want to deny that for them. It was about helping them to live alongside the reality that was there and coping with that. So that was my main objective.	The way M was working with the prisons was to demonstrate. M attended to clients in a congruent way. M didn't want to deny the prisoners reality but to help them live alongside and cope with their realities.
10. It got sort of overlaid when I was working with prisoners on remand because their court case would begin to interfere with that process and often they'd begin to pick up then because if they had sense that say a murder chance would be commuted to manslaughter, they'd then have some sense of hope but then even that sense of hope they often thought they didn't deserve. So the devastation just grew.	This process was affected when M worked with prisoners of remand as the court case would interfere with the work. The devastation often grew even if the prisoners had a sense of the charge being commuted. A sense of hope was one they felt they didn't deserve.
11. But prisons smell of despair and particularly the people we work with because they're asking for	Prisons, prisoners and people working in prisons feel like and smell of despair.

<p>help often because they're in that place of despair. The people that we were seeing but also the people that we were or I was encountering briefly walking in the wings, chatting to people who just as I passed by, stopping to say hello or being stopped, I mean I use the word smell, feel, I could use any of the senses of despair.</p>	<p>The prisoners ask for help because they are in a place of despair.</p> <p>M could use any of the senses to describe despair.</p>
<p>12. Masked because people have to mask it but it's there, it's an underlying feeling, taste, touch, whatever you want to. You don't often see it but you feel it, taste it, touch it, smell it, despair.</p>	<p>The despair is often masked so you don't often see despair but you feel, taste, touch and smell it.</p>
<p>13. I suppose that was a little bit more evident in the wings that were specifically for people on remand. Once people had been accustomed to the environment, once they'd be become accustomed to the reality of their sentence then they emotionally, physically and psychologically began to adjust so it would be less and I would encounter despair in their story but not so much just in encountering them.</p>	<p>Once prison had become accustomed to the prison environment, they often emotionally physically and psychologically adjusted to being in prison.</p> <p>The despair would be less evidence but would be encountered in the work through the client's story.</p>
<p>14. Despair I suppose by definition is a lack of hope so I'd expand it by clarifying what lack of hope is. It is to do with an individual person's future so to seeing anything good in the future and not seeing anything good in themselves or potential within themselves, not just for good but even for anything worthwhile.</p>	<p>Despair is by definition a lack of hope which is associated with an individual person's future and lack of potential for anything good or worthwhile.</p>
<p>15. Also that is linked to how other people view, in fact it's quite heavily weighted. The significant others in their lives if they're understanding is that they no longer view them as good, nice, pleasant or if they've cut them</p>	<p>The prisoners despair is heavily affected by the views of significant others.</p> <p>Despair is associated with feeling rejected or feeling viewed as bad by significant others.</p>

<p>off. That's one of the aspects that brings out what I've called the smell of despair.</p>	
<p>16. So lack of hope, no sense of any opportunities and no sense of any worthwhile future because their path has now become totally not worthwhile so even if there's been a sort of if you like normal life up 'til the point when they did whatever they did that got them into prison, um, it almost has no value so it's almost blotted out. And so there's nothing for the person to hang onto, no secure base.</p>	<p>Despair is a lack of hope, sense of opportunity and worthwhile future.</p> <p>Even if they have had a normal life up until the crime, this is blotted out leaving nothing for the person to hang on to.</p>
<p>17. I did work a lot for four and a half years with prisoners on remand and both the sex offenders that I've worked with, their sense of loss of relation, in terms of relationships was huge and there clinging on to the idea that perhaps what they did wasn't that bad but being challenged into realising that their world has now changed because of the seriousness of what they've done, and the devastating sense of loss that comes with that.</p>	<p>M worked for 4.5 years with sex offenders whose sense of loss of relationships was huge.</p> <p>They would cling onto the idea that what they did was OK.</p> <p>M would challenge the clients to consider the seriousness of their crime and their accompanying sense of loss.</p>
<p>18. One of the worst aspects of that distress is the fact that its self-inflicted, it's the self-inflicted loss of relationships, children, associates, family and all that sort of thing. So people feel clients have felt that they've nothing to live for, but they still hang on to the hope that maybe it wasn't so bad so maybe something will happen, until the court case, the sentencing and then reality kicks in.</p>	<p>One of the worst aspects of the prisoners' distress is that it is self-inflicted.</p> <p>Clients feel they've nothing to live for but can live in denial until the sentencing where the reality of what they've done is concretized.</p>
<p>19. One of the areas that I think is quite pertinent where I have experienced a total sense of</p>	<p>A difficult situation which had led to M feeling an experience of total wipeout is when a person has pleaded guilty to a</p>

<p>wipeout is when a person has pleaded guilty to something, something very serious that they haven't done or they in their hearts think they haven't done or probably haven't done, but because they wanted for their young victim, I think in the cases that I'm thinking of particularly, not to have to go through a court case, they've pleaded guilty and the consequence of that is often something that they haven't actually thought about and so what kicks in after they've been sentenced, after their self-imposed in a sense label is put on them and all the conditions of that and all the consequences of that I have known of.</p>	<p>crime they hadn't committed or thought they hadn't committed.</p> <p>It is only after sentencing they realise the implications including the conditions and consequences.</p>
<p>20. I've had three or four clients who were thrown into total despair that they just could not of anticipated that that would happen. And its prior to that happening even though I challenged them to take a look and just think what might happen, just think of what it might look like, what it might feel like, what might sound like at the other end of pleading guilty, they've not been able to envisage it and often against even their QCs or solicitors advice, they've done the heroic thing and pleaded guilty and then the whole world falls down. I've seen that only three or four times but the person just collapses inwards.</p>	<p>Despite M, QCs and solicitors challenging the clients to consider the consequences, they have been unable to envisage the outcome.</p> <p>On sentencing, their whole world falls apart and the clients are thrown into anticipated despair.</p>
<p>21. Because I had good supervision and a very good supervisor, still have, same one, I found that I could offload it if I needed to.</p>	<p>M had very good supervision where she could offload.</p>
<p>22. Working full time, cos when I was working with prisoners on remand I was working full time, it was very, very hefty.</p>	<p>It was very difficult when working full time with prisoners.</p>

<p>23. We used to debrief with colleagues, Angela, used to debrief because it was pretty hefty work but we all had pretty good supervision and that was quite, I mean that was incredibly useful.</p> <p>24. The clients' histories and persons that stay with me and I say stay because they are still with me, the ones whom I have genuinely felt were not guilty. I've only had two and one of those two was subsequently 12 years later was totally acquitted so god knows what compensation we're shelling out for him after actually serving 12 years and the other one is probably still languishing in somewhere like Whitemoor, but it was because I really believed them to be innocent and I wasn't the only one. These two where two whom the prison officers thought had got the wrong verdict, the one who has subsequently been overturned had somebody to fight for him, the other poor fella has no-one to fight for him.</p> <p>25. But strangely the one who has no-one to fight for him, although he certainly experienced despair at the time of his conviction, despair and disbelief, he pulled himself round in a very philosophical way to just make the most of it and he was helped by prison officers in that prison officers used to bring things in that they shouldn't have done to make his life easier until he was moved to another prison. But when he was in the original prison, I'm deliberately not saying which one, the prison officers used to bring all sorts of stuff in for him, just to make his life easier, because they didn't believe he was guilty and that was</p>	<p>M debriefed with colleagues and shared difficulties in supervision which was useful.</p> <p>There were 2 clients who have stayed with M who she genuinely felt were not guilty.</p> <p>One client had no legal advice or family to fight for him yet despite experiencing despair and disbelief at the time of conviction, was able to turn his thinking around in a philosophical way.</p>
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<p>1994/5. There have been cases, high profile cases in the news over the last 12 years where people have served prison sentences of up to 26 years and there was the polish guy who came out and died about six months after he came out of a heart attack. There have been people who have served long sentences and then it's been overturned so that 20 years later, that's the sort of thing that sticks with me.</p>	
<p>26. But that's the sort of thing that sticks, where do I offload that, I don't because in a sense it's something that pops its ugly head up now and again but it's the factor of not being guilty that sticks.</p>	<p>M feels she was never able to work through these experiences as the feelings and thoughts emerge every so often.</p>
<p>27. I find some of the most gutsy cases are um, cases where young men in particular have been so brutally sexually abused as children themselves and some of the things that have happened to them are absolutely horrendous and they've then gone on to, I would think through their own sexual inadequacy to abuse minors. Often they're whole thinking around that is distorted is because as well as abuse, sexual abuse of them, their abuser also abused their thinking around what is acceptable and unacceptable and that sort of thing. Their experience and their sadness of them not having a measure, not having a mean, a norm of this sort of thing that you know sticks around. It's the sort of thing I would take to supervision.</p>	<p>For M, the most gutsy cases were when the men had been brutally sexually abused themselves.</p> <p>Through their own sexual inadequacy and distorted thinking, they've gone on to abuse minors.</p> <p>M would take the clients experience of abuse, sadness and lack of normality to supervision.</p>
<p>28. I've never touched despair in the work. Irritation when someone I'd worked with came back after</p>	<p>M has never touched despair in the work.</p> <p>M has experienced irritation at the</p>

<p>being out for three weeks. Irritation but not despair, a case of what on earth are you doing back here. The person themselves had no survival strategies really and so they just went back to whatever they did and came back to prison for the security of it.</p>	<p>prisoners who lacking survival strategies and wanting the security of the prison, committed further crimes and returned to prison.</p>
<p>29. There are people that I've worked with in prison who were heavily addicted to drugs and because the prison is not secure in terms of restricting drugs getting in, people whose desperation and despair is around their sense there is absolutely no prospect of them ever changing that in fact the despair in a couple of people that I've worked with was so great they almost wanted to get out, bring it on so they could end their lives. They knew taking heroin in particular would eventually leave to their premature death and they just wanted it, had to get it out of the way because it was too much stress trying now to and that is as pretty near to despair as I think you can get.</p>	<p>M has worked with drug addicts in prison.</p> <p>Due to the lack of restriction around drugs in the prison, the addicts experienced despair at their lack of future prospect of change.</p> <p>The clients wished to end their lives because their stress and distress was so great.</p>
<p>30. I didn't see as much of that because I was more working where, most often, more serious crimes and with sex offenders but I did work with some of it and I've also supervised people who've worked with people who just had nothing to live for because of the drug use.</p>	<p>Working with serious crime and sex offences, M experienced less despair in the work.</p> <p>M has supervised counselors who are working with prisoners who through drug use have nothing to live for.</p>
<p>31. I've often felt desperate myself with the bureaucracy of the prison because I think the system has become so bureaucratic that the individual clients almost become invisible now. If I'm going in as a sort of part timer as a counselor, I notice that the institution is inclined to obliterate the human</p>	<p>M has felt desperate within the bureaucracy of the prison system where individual prisoners are invisible.</p> <p>Policies and procedures around risk and security seem to take a priority over the individual which frustrates M.</p> <p>M feels it is desperate situation when an</p>

<p>being in terms of the prisoners then how much more must they feel that so the frustration that I felt because everything in terms of policies, procedures, health and safety risk, security risk, MAPPAs and all those sort of things seem to take total priority over being of the individual which to me is just a back covering exercise. In a sense that's a despair-ate situation for any institution that is supposed to care for the people within it. Unfortunately the tendency is to go more in that direction rather than less and that's sad. So that would make me despair.</p>	<p>institution which is meant to care, acts to obliterate human beings.</p> <p>This leads M to despair.</p>
<p>32. Lack of funds, I mean a lot of the problems that are caused by lack of resources as in lack of funding, that's it's just so short sighted. It's a little bit like when you have people who've been convicted when they're not guilty or convicted or found not guilty when they are guilty on lack of evidence, is because of lack of resources. If the police were properly resourced in order to investigate properly to carry out the necessary forensic test if they need to, then we would have safer convictions, we wouldn't have as many incidents of, evidence being concocted and that sort of thing.</p>	<p>Lack of funds is a problem and leads to a lack of resources, poor quality investigations and incorrect convictions.</p>
<p>33. I think our system needs root and branch renovation really because it has become desperate. Also if the prisons or the prison services were provided with adequate resources then they could respond more properly with rehab, proper rehabs, proper security to keep drugs out.</p>	<p>The prison system has become desperate and requires root and branch renovation.</p> <p>The increase in resources would lead to more appropriate responses from the prison through improved rehabilitation and security.</p>
<p>34. I'm convinced that half the drugs get into prison via staff so if staff</p>	<p>Many issues such as the drug use in the prison which M feels is fueled by staff in</p>

<p>were paid properly and trained properly, then I think that we'd have a better situation and I think those things are desperate, those sorts of things in prison.</p>	<p>the prison are desperate.</p>
<p>35. They can be very, very frustrating places; on the other hand I feel at home in them which is a funny thing.</p>	<p>Prisons can be very frustrating places however M feels at home in them.</p>
<p>36. It looks like a matchstick figure carrying a ten ton brick.</p>	<p>Despair looks like a matchstick figure carrying a 10 ton brick.</p>
<p>37. It shows on people's faces, it shows in their eyes, it shows in the lack of what's the word, sort of flexibility in their skin, it shows in the way they walk, it shows in the way they hold their shoulders, their heads.</p>	<p>Despair shows in people's faces; in their eyes, in the flexibility of their skin as well as the way they walk and hold themselves.</p>
<p>38. It actually shows in the way they smell. People who are despairing have no sense of personal care and so they don't bother. So they might smell of pee and shit, excuse me. And it can be quite unpleasant, body odour. I've associated body odour with despair.</p>	<p>Despair shows in the way people smell and is associated with body odour.</p>
<p>39. But yes, it's people who are weighed down and can't be bothered.</p>	<p>People in despair are weighed down and have no motivation.</p>
<p>40. In counseling people who are in that dark place, I've found it necessary and I believe appropriate to be much more directive. A person who is feeling despair or desperate doesn't have a motor, doesn't have motivation, there's nothing to, kick start them so I would, be working differently with someone who was in that dark place because I would need to be their motivation until they had some sort of spark in their battery.</p>	<p>Counseling prisoners in despair, M has found it necessary to be more directive.</p> <p>As prisoners in despair lack motivation, M would have to act as their motor to kick start their motivation.</p>

<p>41. It's hard work because very often although they've asked for help, they don't know what help they need, they don't know what help they want, they don't know how to ask for specific help, they don't know what to talk about, they don't know how to feel, they don't know what to do.</p> <p>42. It's hard work because it's a case of drawing out and drawing out and drawing out and often the clients will I think it at an unconscious level to say what's the point. So it is hard work working with someone who's in that dark place.</p> <p>43. And easy to be tempted not to do that work, to be a bit lazy 'cos it is damned hard work and if it's the sixth person one is seeing in a day and they happen to be in that dark space and you're tired and you wanna go home its, it's actually quite hard to do that.</p> <p>44. But it's the acknowledgement that there is a need to be their motivation for a period of time and it's just a case of being there, not a case of being particularly verbal or particularly active in terms of asking things or offering things but it's actually the intensity of presence to them, being fully psychologically, emotionally, physically present in order to be engaged with even with the silent desperate person and that's tough.</p> <p>45. I would say it was quite often the case in working with drug addicts and also with remand prisoners who were accused of sexual offences.</p>	<p>Despite asking for help, prisoners in despair don't know what help they need or want.</p> <p>Prisoners in despair don't know which way to turn, don't know how to feel or what to talk about in the therapy.</p> <p>It's difficult work as it's a case of drawing out the client who at an unconscious level feels everything is futile.</p> <p>The work is damned hard and it's easy to be tempted not to work with the despair, particularly given other pressures of the therapeutic work.</p> <p>The therapist must acknowledge that they need to be the client's motivation for a period of time.</p> <p>The work is about being psychologically and emotionally present to the despairing client.</p> <p>This was the case working with drug addicts and remand prisoners accused of sexual offences.</p> <p>With murder remands, it was about the</p>
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<p>46. It wasn't so obvious in working with murder remands; they would often be the opposite. It was all just falling out, they would spewing into the bucket all the time, partly because of the shock of what they'd done so I have noticed that quite a difference between those different groups. I mean I don't want to generalize too much but there is a difference.</p>	<p>client through shock, spewing and falling out.</p> <p>There is a difference between the responses of different groups of prisoners, however M doesn't want to over generalize.</p>
<p>47. One example of a person who was a murder remand who was in a despairing place for probably the first three weeks that I was seeing him and he'd just come in. It was a case of automatism, it didn't go to court under that heading because there's no precedent for that but he had killed someone as just a a frightened reflex action, it'd been a frenzied reaction bit like you do if you're wasp is round you. He was, he was in a very, very dark place for the first three weeks but he's about the only murder remand that I've had that very difficult, very slow process of drawing him out in order to start looking at what's going on for him. That was the only one. Now he eventually got a six month sentence in a specialist unit and then was free which was right because I mean it was a case of automatism because there was something, his amygdala was either small or larger than it should be and as a result the surprise factor, would have a much greater input on him than is the norm and the likelihood of the combination of circumstances ever coming together at one time again is zilch. He was safe to be released into the community.</p>	<p>One murder remand who was a case of automatism, was in a despairing, very dark place for the first 3 weeks that M saw him.</p> <p>It was a slow process of drawing him out before they could explore what was going on for the client.</p>
<p>48. But, because of what had happened and because it was</p>	<p>Because his crime was off his radar, and through shock of what he had done, he was despairing.</p>

<p>totally out of his and off his radar that he should do such a thing, he was despairing when I saw him.</p> <p>49. It was linked to the shock of the change so one minute they had an ordinary life, family, driving home, doing whatever, a normal life in inverted commas and the next second everything had changed; total change. And that's where the despair came from. It was a case of if only I could draw the clock back that one day; if only. So it was the realisation that everything had dramatically changed in an instant and that was the point of despair.</p> <p>50. They talked about it and the majority were quite verbal like verbal diarrhoea over it, going over and over and over and over, almost as though if they talked enough about it, it would all change. Only the one that didn't.</p> <p>51. It was that sort of scenario of you know crashing your car into a pillar in an empty car park and saying I don't believe I've just done that, it was that sort shock for all of them, all of the people that I'd worked with.</p> <p>52. They were also sort of shocked by what they'd done after that which was also out of character.</p> <p>53. Though very few who had committed murder just sort of lodged on the police station and said I've killed whoever it was a case of they did the most peculiar things. One wrapped his dead wife up in a duvet and put her in the garden shed and put a suit on and went out to a singles club. So crazy things that are so totally off the map and off the wall and the</p>	<p>Despair is linked to the shock of total change from normal life to prison life.</p> <p>Despair comes from a realisation that everything had dramatically changed and one couldn't control this.</p> <p>The majority of prisoners like verbal diarrhoea, talked about it, over and over again in the hope it might be changed through the speech.</p> <p>The shock of coming to prison affected all the clients that M worked with.</p> <p>They were shocked at what they had done which had been out of character.</p> <p>Having committed murder, the people often acted peculiarly.</p> <p>These peculiar activities took the client deeper into the problem.</p>
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<p>shock to them, and that they did that and the stupidity of it and the fact that it took them deeper into a problem having done that.</p> <p>54. Interestingly he only got two years too. I think it's short 'cos it was on the back of 20 years if a very abusive marriage, very abusive wife. And a lot of those cases were where these people who'd asked for help which in a sense presupposes they're acknowledging the problem.</p> <p>55. There's only about a couple of the people I'd worked with that actually got the mandatory life sentence, most of them were commuted to manslaughter.</p> <p>56. Another was someone who killed someone whilst driving a car, a momentary lapse. I mean he was in despair all through the time that I was seeing him and it was case of it was the despair about what had happened but also because in a very real way he didn't feel guilty 'cos he hadn't intended to do it. It was something that happened to him as well as happening to the person that he killed. But it was like something had happened to him as well as to the other person and that there was something else which was the factor responsible because he couldn't rectify that and because the law doesn't rectify it because he was undergoing a sentence as a result of that.</p> <p>57. Then he was left even after he was released from prison with the sense of despair.</p> <p>58. Plus the chap who was the Eastern European who had no sense of the future at all, because he was</p>	<p>The client got a short sentence as the case was on the back of 20 years of severe abuse.</p> <p>Many cases were people who have previously acknowledged a problem and asked for help</p> <p>M only worked with a few clients who got the mandatory life sentence.</p> <p>Another client who had a momentary driving lapser and killed someone was in despair over what had happened as well as the fact that he couldn't connect with his guilt as he hadn't intended to commit murder.</p> <p>The prisoner had felt that the crime had happened to him and the victim.</p> <p>The client was left with a sense of despair even after he had left prison.</p> <p>An Eastern European client had no sense of future and was in utter despair as he felt his life was threatened in prison.</p>
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<p>hounded by drug dealers and he was hounded by other authorities. His life was threatened and he didn't feel safe in an English jail and he was in utter despair.</p>	
<p>59. Now he was someone I didn't see but I was supervising a counsellor did in group supervision and that despair is tangible. It's something which I suppose it's the transference isn't it that I would feel and that was, that was transference once removed.</p>	<p>M was supervising a counsellor working with the prisoner.</p> <p>The despair which was transference once removed was tangible to M.</p>
<p>60. But I can feel quite desperate about because it's a situation that nobody can change but that nobody intended at least the persons concerned hadn't intended. As with the guy who was in prison for a road traffic accident where somebody had been killed, it's almost as though nobody can do anything about it.</p>	<p>M can feel desperate about it because it's a situation that can't be changed.</p>
<p>61. I think that's perhaps one of the things that is behind despair that nothing can be changed, nobody can do anything about it and that it really wasn't what was intended.</p>	<p>Despair is associated with a lack of agency and possibility for change.</p>
<p>62. It's different if you do something and you choose to do it then it's much easier to take responsibility for it than if something happens and you happen to be responsible but you hadn't intended it and I think that's one of the things that's behind despair.</p>	<p>One aspect of despair is that your actions led to something which wasn't intended.</p>
<p>63. There's also a situation that doesn't happen or hasn't happened recently but when I started working in prisons back in 1991, 92, 3, 4, there was a culture in some prisons of brutality amongst the officers and if the prison officers had taken a dislike</p>	<p>The culture of brutality within prisons leads to fear and despair in the prisoners.</p> <p>Prison officers coercive and violent behaviour can lead prisoners to feel subject to and hopeless.</p>

<p>to a particular individual, there was nothing that that particular individual could change. They lived in fear and despair that whatever happened, they were gonna get beaten up regularly, they were going to be penalized for this, that and the other and they were going to be deprived of things that were their rights. The officers would lie about what they'd done and I mean I would hope that that happens less than it used to.</p> <p>64. Individuals have been subjected to that and often they're fairly cheeky or, awkward individuals but they often have a sense of total, utter, sort of futility and despair, just in the business of living within the context of the prison and that I've seen.</p> <p>65. When I was working back then I would go into the seg to see someone, you'd often see someone with scars on their faces and great bruising round their necks and they would refer to other bruises on their bodies were they'd been beaten up.</p> <p>66. We used to, or I used to feed information through a back door to the chaplaincy because they were the only people with the courage to actually do something about it.</p> <p>67. Now I felt a sense of despair as there was nothing I could do about it. If I ever felt a sense of futility and despair then I certainly felt it then, but that was I say in the early 90s.</p>	<p>Although prisoners are often difficult individuals, they feel a sense of utter futility and despair living within the prison context.</p> <p>In segregation, M would see prisoners who had been physically abused.</p> <p>M used to feed information through the chaplaincy who would then act on the information.</p> <p>M felt a sense of futility and despair as there was nothing she could do about it.</p>
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APPENDIX 10: SPECIFIC DESCRIPTIVE STRUCTURES

A. Kerry

Prison is a challenging microcosm, overwhelmed by the despair of the institution as well as the despair in the prisoner's dysfunctional, abusive backgrounds and stories. In turn, the commonality between prisoner's early lives and their offences reflects a sense of hopelessness as despite choice playing a part in the path that ends in prison, Kerry feels there has been no other way for these people.

Despair in prison is symbolized by the closing of the cell door, cutting off connection with the outside world, with the future and with hope. However despite this and the prevalent self-harm and suicide, the prison is often experienced as a secure base protecting prisoners from the alienating, frightening outside world. This leads Kerry to despair at the prison in its function as an organisation which rehabilitates people.

For Kerry, despair is associated with a hollow empty feeling which resonates in her stomach, almost a swirling energy in her solar plexus. In turn, despair is difficult to work with as it brings frustration, anger and drains the therapist's energy. In fact Kerry doesn't know how to cope with overwhelming despair, nor does she know how she worked with it or managed it in the past. Further struggling to stay with the client's despair, Kerry is often left feeling overwhelmed and experiences despair on the client's behalf.

Kerry's default position of hope, which is diametrically opposed to despair, is vital in the work with prisoners in despair. However hope poses important challenges for the work with despair as it prevents Kerry from sitting with, feeling and acknowledging the full extent of the other's despair. This default position is further challenged in that Kerry often feels angry and despairs over the client's ability to reach their goals and acknowledge their agency. Kerry connects this to both her and the clients feelings of powerless and helplessness as 'victim's' of their circumstances.

Working with a client on the DBT programme who attempted suicide despite seeming in control, Kerry felt confusion, shock and guilt. Yet despite questioning her failure to pick up on the clients despair, she acknowledged that there was nothing she could do as despair can be masked and hidden from others, as in this case.

Kerry also worked with a complex young serious offender, with a troubled past, who expressed his despair and vulnerability in the sessions. Despite acknowledging she couldn't change things for the client, Kerry bought into his future plans as this enabled her to have hope in and for the client. However despite her maternal sensitivities triggered in particular with this client, Kerry struggled to be with his despair due to his history of violence. This has important implications for working with despair in prison as to whether we can usefully be present to the clients despair if the clients are considered to be dangerous and/or manipulating.

Working in prison Kerry acknowledges that therapists are faced with uncontained emotions and humans in their worst shapes and forms, highlighting the need for therapists to have adequate support. Further, Kerry realises that as there is only so much despair one

can hold before something shuts down internally, the therapist needs to erect internal doors to protect themselves from unconscious dynamics.

As well as holding the client's feelings of loss, sadness and pain, the work with despair can also touch on the therapist's own vulnerabilities and feelings of despair, hopelessness and sadness as Kerry experienced. Experienced individual and group supervision is therefore vital in supporting the therapist in prison to recognise and deal with despair in the work. Disappointingly for Kerry, despite working in a team in prison where despair was processed, she felt uncontained and unsupported.

Kerry's personal approach to processing her sense of despair is often non-verbal through music, film and art. However she acknowledges that she doesn't process despair enough, leaving it buried and internalized. This may be associated with the difficulty she experienced speaking of and sitting with despair in the interview, defending her emotions through her use of words. Having said this, there is a limit to how much one can deal with despair due to its exposing and energy draining nature.

At present, Kerry isn't working in the prison and has closed an internal gate in her thinking, shutting off the dark, dangerous aspects of herself. Societal fears of danger and darkness also leads to a shutting off, negative attitude and lack of compassion. However Kerry notes she experiences a magnetic pull towards the prison, an attraction to her own violence and shadow side as well as an attraction to the despair.

B. Dean

Working in the prison, Dean was initially naive to the fact that it would be different to working therapeutically in other settings. However he came to realise that the prison is a system whose purpose is partly to reinforce despair. In turn it can be impossible to work past or through the strain the prison puts on the therapeutic relationship.

Despair is in and between every sentence that the client voices in the prison setting. In turn, despair goes right through all the therapeutic work in the prisons setting. And despite the conscious presentation and engagement of the client, unconscious despair is always going to be present and communicated. However time and experience were vital for Dean in acknowledging and making a conscious allowance for the presence of despair in the work. In fact Dean wonders whether therapists should be prepared for working with despair in the prison, enabling them to remain mindful of its presence.

Dean couldn't remember speaking of the clients despair in supervision, case presentation or having written the word in his notes. Further, he initially struggled to locate specific examples of work where he was tackling despair. However he stated it was incredibly easy to deny the presence of despair by engaging mentally and emotionally with hope and the future and/or ignoring the despair. In fact Dean expressed how working with one client, the atmosphere was of active conspiracy and collusion in covering up the despair between him and the client.

Dean worked with a client who on refusing transfer to a prison a distance away, was put in segregation and physically harmed by prison staff. Following this, Dean experienced an awful formality when interacting with staff to organise seeing the client. Further, given the transient nature of the prison population, Dean was left wondering if and when the client would be transferred without a way to mitigate or prepare for this ending. The therapist is often left holding a lingering sense of despair which is at times met by the reality that a client has disappeared out of the system. However this is also dependent on the length of work and depth of relationship.

It felt particularly difficult leaving the prison knowing Dean was OK and his clients were not. However he had full admiration for the clients who on attending the session and engaging with the work, had to return to demonstrative prison life.

A second client Dean worked with had had his parole unexpectedly not granted leaving the client rendered despairing and silent in the session. There was very little that Dean could do or say without saying something trite or trivialising the situation which would have been a ridiculous destroying of hope. However despite the fact that very little was said, Dean feels this was the best work he had done in the prison.

For the client and Dean, it was difficult waiting and knowing that nothing could be done to change the client's situation, a factor specific to the prison as a non-therapeutic environment. However despite the fact the despair could never be repaired, there was something important about gaining acceptance of the situation.

Dean struggled working with despair, some times more than others. It seemed particularly pertinent as the men in the prison seemed to be raising similar questions to

his personal questions about his possibilities and future. However Dean's acknowledgement that he had time and space to change himself, led him to want to provide the male prisoners with a similar opportunity.

Dean received useful supervision and support from the prison therapy team. However he feels that therapists should be made aware of what it is like to work in the prison environment before committing to working with clients. Particularly in the initial 6 months of his work at the prison, Dean would discuss the prison socially, warning people of the prison setting. This cautionary tale Dean felt was his way of reducing his sense of despair, which he couldn't contain.

In the interview, Dean came to realise that despair was relatively close to the surface, easy to recall and difficult to speak about. However on reflecting on the experience of working in the prison as an overall positive experience, in the interview he spoke of his own repression of the reality of the prison environment. Nonetheless he remains an advocate for therapists working in the prison setting.

C. Karina

Despair, which is associated with a sense of powerlessness and nothingness, is a difficult phenomenon to get a handle on. Despair is a part of being alive and is vital to change, however we need to find ways of accepting and coping with despair.

A prisoner experiencing despair would be, in Karina's view, a healthy development although prisons are not healthy places. As despair is in the fabric of the prison organisation, one has to deal with it systemically. The organisation can often be seen to sabotage prisoner's progress, with staff under stress and self-medicating. In fact a recent forensic counselling service imploded due to the internal tensions and contradictions essential to forensic work, which weren't managed effectively.

Karina's clinical work with despair often involves working with defences against despair. In her view, the index offence is sometimes committed in order to defend against something darker, dangerous and more psychotic from happening. These defences are necessary and healthy, however without becoming prematurely exposed, we need to continue to explore the despair at a slow pace.

Within the sentence, there is often a time when on recognising the full extent of what they have done, the client experiences despair, becomes vulnerable and may be at risk of suicide attempts. The clinician has to be very careful at this point in the work. In this state, clients and staff often become very active to lift themselves out of the despair or to take their minds off who and where they are. This is because although we need to visit despair, it can be crucifying for any particular length of time.

This level and depth of feeling is unique to forensic work, as working with despair in forensic settings, you have to temper the despair with a degree of suspicion. Therapy with despair should facilitate the clients to gain an acceptance of themselves as the architect of their difficulties, rejecting the sense of themselves as victim. However it is important to note that when forensic patients reach dark places, they often lash out. As a result, Karina feels we need to remain attuned to patient's potential for dangerousness in ensuring the safety of the work, institution and society as a whole. Accordingly, therapists working within the prison system have a responsibility for security and safety, often putting client and therapist in an awkward position.

Although there isn't an absolute protocol for dealing with despair, the realisation of how awful it feels to think about it may be important. However the work for Karina isn't simply about sitting with despair.

Feeling bleak and hopeless as therapists, we need to protect ourselves so as not to get sucked into the despair. Karina even noticed she felt cut off and defended in the interview, trying to talk about feelings without feeling them. Her experience of her response to despair is non-verbal as often the despair cannot be verbalised. Karina also experiences holding it in the body through somatisation. Finally, Karina notices therapists respond by outing the experience from their minds, through forgetting.

Karina worked with a teenage client convicted of manslaughter along with her partner, for the death of their daughter, which involved starvation, neglect and long term torture.

The client's sense of catastrophe, devastation and bewilderment at what she had done, comes closest to Karina's understanding of despair.

Then on realising she was a registered sex offender, the client became vulnerable and attempted to hang herself. Wing staff notified Karina that the client had asked to see her, however on visiting the client, Karina was caught in a lockdown, which resulted in Karina experiencing despair. However she also questioned what she would have been able to do on seeing the client. This was followed by the client's request for a transfer which often occurs when the awfulness of the situation becomes too difficult for client and staff who want to either move on or move away from the difficult feelings.

Karina's despair was compounded by how quickly the client's talk moved on from exploring the awfulness, to sickening and perverse material. In turn, Karina felt so sickened by the client's unthinkable story that it made her physically sick. The high profile case was particularly difficult as Karina was saturated by media stories about her client, which is a burden for the clinician working with a perpetrator. The work was so stressful that Karina became disillusioned, dark and wary of people. In turn, the concrete trauma she experienced was only resolved years later when she took part in a preventative education project.

A second difficult patient Karina worked with many years ago, called to update Karina on her progress. Despite previously being a drug addict and a serial offender, the therapeutic work with Karina enabled the client to realise her agency. The client had decided to use her agency and on completing her sentence, got a job counselling young people. Karina was moved by how much this woman had achieved despite her difficulties and uses this as an example of how we close off the developmental pathways of our clients if we get caught in dark, institutional narratives saturated in hopelessness and despair.

Karina's psychoanalytic training gave her a structure of forensic practice, teaching her skills for going into the room and staying in the room. These skills include being unsentimental, being fierce with regard to defence and having an understanding of the transference, countertransference. This is particularly important as Karina feels one has to hold the prisoner as victim and perpetrator at all times in order to work effectively and to understand the offence by linking it to developmental history and victimology.

Working with despair, Karina had excellent supervision with a specialist supervisor. However she felt too hopeless, sick, dirty and anguished to take up the available help. In turn, the supervision group failed her as they became too interested in the glorified case and couldn't see the despair. However Karina acknowledges that when the clinician faces despair, they can be helped by others empathising with the difficulty.

Karina is disappointed that there is little supervision offering clinicians a forensic structure of thinking. Supervising trainees in a number of forensic settings, Karina challenges them to think about the client as victim and perpetrator, considering the reality of the crime. Karina also feels she needs to help the supervisees develop their armour so that they and others are not put in danger. She becomes concerned when supervisees self-medicate and become overactive or overthink despair. At this point, she feels it may be appropriate for practitioners to take this to personal therapy.

D. Dingane

For Dingane, the metaphor of despair as a brick wall is inextricably linked to the prison structure. In turn, he views despair and desperation as a slumped form; not simply helplessness but a holistic and totalizing depression. Dingane also acknowledges that there are a number of different kinds of despair, both conscious and unconscious.

For Dingane, the prison is part and parcel as to why the prisoners are despairing however it isn't clear where the prison is the initial cause. The prison is often viewed as a stolid, obdurate and unmoving enemy, escalated by the draconian, authoritarianism of the guards and routine, and the lack of dialogue with prison staff. Difficult events and relationships inside and outside the prison also act as flashpoints for despair.

Before training as a psychotherapist, Dingane saw a graduating art student crying in forlorn, abandoned despair. This experience is linked to Dingane wanting to train as a therapist as he realised he felt a pull towards wanting to be part of the person helping. This is associated with the rescuer mentality as despair can affirm the therapist's role as the saviour helping the despairing client. Remaining aware of this problematic role, Dingane attempted not to be moved by the clients despair or to be drawn into this dynamic.

Despair is also associated with the erotic as the work hooks into an erotic sense of care, different to the erotic appeal which becomes apparent in the countertransference.

Despair by its very nature leaves the therapist feeling unskilled and unclear how to respond. However Dingane acknowledges that there is only so much one can do as a therapist working in the prison with despair. However lacking confidence, Dingane also wondered whether his inexperience affected the work.

In the work with despair, Dingane experienced a physical response to despair, feeling slow, heavy, and somnambulistic. At times the sessions felt torturous, particularly when clients were mute and uncooperative. Dingane noticed his feelings of aggression towards the clients, linked to the fact he had been infected by the clients heaviness. Similarly, his internal response often involved an urge to go home, rejecting the emaciated, uncooperative client.

Despite needing to disclose client's risk through the ACCT procedure, Dingane felt anxious adhering to this policy as it could be experienced as an aggressive action, which results in observation of the client.

Dingane worked with a client who experienced a despair with reserve, associated with a sense of futility at his inability to express his despair. A second client experienced an unconscious, insular despair which was obsessional in nature. The despair was evident in the clients demeanor, physicality and excessive, irrational insistence that things would work out OK with regard to his sentence hearing. However on seeing the client was blind-sighted by his despair, Dingane put the client on at ACCT as he feared the house of cards would fall down for the client.

Dingane worked with a violent client who had two settings; the first to be manically, anxious, and the other, a learned helplessness or despair. The client's physicality, presence and strong appeal for help left a mark on Dingane's senses. Dingane wondered whether the client's despair galvanized him into acting on the despair as despite conversations in supervision which suggested he refrained from action, Dingane wrote a letter stating his opinion on the client's move to another prison. This remained a tacit theme in the therapy, with the client requesting further letters, which Dingane declined.

Another client experiencing a different type of despair, engaged Dingane to conduit to hope as the client believe Dingane would understand him due to similarities in culture. A psychotic client who developed contorted and obtruse narratives playing out his innocence and paranoia, spoke about suicide, and a lack of hope and care from others. As a result, Dingane had to put the desperate client on an ACCT. However this client responded to it seemingly by acknowledging it was a sign of care, developing Dingane's understanding of a link between despair and care. However Dingane felt he wasn't seduced by the male clients despair due to the clients psychosis and gender.

Despair can have a profound impact on the therapist, often leading the therapist to want to do, take or feeling something. In turn, the work leaves the therapist with an intensity of feeling and despair, yet not the degree to which the client is despairing.

Supervision is also an important factor which affects the work. In particular, he remains aware of the transference dynamics, which play out in supervision. Dingane also found that the un-moveable and un-bending qualities of the prison helped him as a trainee psychotherapist to not be drawn into the despair in an unhealthy way. Dingane wonders whether outside the prison and without this metaphorical shutting of the door, he would find it more difficult to work with despair. However, aware of male interaction between himself and the clients in the prison, he is interested to learn of the experience of female clients also.

E. Laura

Despair for Laura is an overwhelming sense of nothingness, without escape or hope. This existential phenomenon, which runs alongside depression, involves a desperation seeking comfort whereby the despairer wants another to have hope for them. Despair is also associated with suicide as when people reach this dark place, they become so overwhelmed that they can't consider the possibility of hope, light or the future.

The prison setting is a microcosm, a community separate to the outside world, which according to Laura is inhumane. As a result, despair is a common factor of being in prison, associated with diminished choice and lack of freedom. Laura held the prisoners in mind as perpetrators and victims, as all of her clients had disorganised, disastrous attachments and reacted in ways consistent with the maltreatment they had experienced. In turn, she despaired over how these abusive cycles could be stopped, wondering if shorter sentences would be more helpful as the prisoners become institutionalized and lose their sense of society.

Due to the overwhelming nature of despair, Laura at times attempted to back off completely from the despair. Further, it was tempting to revert to CBT, however Laura acknowledged CBT was an avoidance of despair without therapeutic value.

For Laura, effective work with despair is about sitting with and being alongside the client. And despite working psychodynamically in the prison, Laura realised this was not an approach the prisoners could grasp so she often reverted to a person-centred approach. Empathising with the clients, Laura often took up the place of the containable mother, experiencing a desire to nurture the clients.

Alongside facilitating an exploration of the client's past, Laura would explore their hope and plans for the future discussing how the client's agency could facilitate change. However the therapist can despair at how to work with despairing clients in pain and in hopeless situations.

Laura reflected on how difficult it was for clients to receive counseling and then have to return to the prison with its lack of privacy and peace. Similarly, in the work, some clients in despair felt defended as they feared their distress would be intolerable. However other clients could be real in the sessions, expressing their emotions. A third difficult issue was the fact that clients are physically locked-in in the session, which is at odds with the therapeutic ethos in helping clients find freedom and agency.

Many of the clients despaired over the shock and loss of relationship, future and hope associated with being in prison. The work with despair involved Laura helping the clients to have the empathy to consider the impact of their often abusive crimes. The work also involved an attempt to challenge the client's faulty, twisted thinking and in doing so to gain a sense of reality. One client became particularly distressed when he realised how he had become entrenched in dangerous ways of thinking and used the internet as a place of phantasy. This work therefore involved discussing the gap between thoughts and actions. However, the client's way of thinking was seductive and Laura had to keep catching herself so as not to be seduced.

Laura worked over a long period of time with a client who was violent, disturbed by his psychotic symptoms and had a diagnosis of Antisocial Behavioural Disorder. Despite the client responding positively to Laura, she felt that if he experienced her as the cruel or rejecting mother, then she would be in danger.

The work also affected Laura, for example, working with a distressed client who experienced despair and shock at his crime and sentence, Laura was left with a sense of feeling weighed down. Throughout the work with despair, Laura also felt that clients attempted to leech off her sense of hope so as not to be completely overwhelmed by their despair and desperation. However the fact that clients sought counseling, was for Laura a sign of hope.

Working with despair, Laura often experienced despair and wondered if this was her despair, the clients despair, something occurring within the relationship or a parallel process. At times, she wanted to escape the feeling, as despair can be so overwhelming. In turn she often wondered whether she had the skills and expertise to help the clients in despair. Even speaking of despair in the interview, Laura experienced a physical reaction of despair and a loss of possibility and hope.

The prison officers had a huge impact on the men as they symbolize a substitute family. Accordingly, the prisoners would respond differently to different members of staff and their implementation of boundaries. On one occasion, the prison staff spoke to Laura about their feelings of despair and resultant behaviours, as well as the lack of opportunity to speak of their distress.

In fact, working in the prison led Laura to question and subsequently relinquish her Christian faith. The situation led her to think about life and death, moral judgment and judgment towards ourselves and others. As a result, she felt she couldn't continue to maintain integrity and practice her faith. This also led her to question whether her sense of despair was associated with the changes to her faith.

The therapy service supervision was particularly helpful for Laura as when working with despair, therapists need to make sure they work through and discuss their feelings and distress. However due to her training's presumptions around working with offenders, Laura experienced her training supervision to be unhelpful and disruptive to the client therapist relationship. However as a psychodynamic therapist, Laura wondered whether there was a parallel process occurring.

Laura had finished working in the prison before the service ceased to operate. At its termination, there was an outcry of despair from staff and prisoners as despite confidentiality issues around sharing outcomes, many could see the value of the work. In turn, Laura was left feeling exasperated and devalued over the work done.

Overall the prison experience was positive and Laura learnt a lot from the prisoners. She wants to return to work in the prison now she has more experience and further qualifications, however she is unsure whether it would be any different.

F. Sabine

Sabine views despair as a lack of hope, light and life. However she struggles to separate despair from depression, viewing the loss of hope as an aspect of depression.

In the prison setting, therapists work with very damaged, vulnerable, abused people with tragic stories who often feel despairing, hurt, hopeless and lethargic. The prisoners have often lacked care, although Sabine acknowledges there is not a direct correlation between deprivation and crime.

Simply observing the women's prison environment, one can forget where they are which can be dangerous. However despite having beautiful aspects, the female estate is depressive, bleak, sad and grey. Similarly it is easy to forget that prisoners are both victims and perpetrators and require equal support and respect. However for Sabine, it is important to hold the client's crime in mind in the work.

The lack of privacy and observation of sessions in prison is another difficult aspect. Given this, it takes longer to establish a relationship and to gain the trust and respect of prisoners. In turn, consistency, empathy and congruency are vital in creating a therapeutic relationship for working with despair. It feels very difficult working with clients who feel everything is futile and pointless. In fact Sabine, struggling with the clients stories, has to pull herself back to stay with the client's despair.

A client Sabine worked with experienced despair, which felt like a bottomless, very dark, deep black hole from which she couldn't escape. The client despaired over others requests for her to be responsible despite the fact she missed out on her childhood and education. The client also lacked hope in the possibility of a normal life or relationship and this played out with the client feeling hopeless about the therapy. In turn, due to her lack of hope and poor self-esteem, the client would give up before she started due to the fear of failure.

Given the trust issues, it took a long time for Sabine to develop a relationship with the client and the unpredictable client would often fail to respond to Sabine's interventions, leaving her questioning the use of the work. In her moments of despair, the client appeared switched off and in total black, nothingness. At these points the client's body language progresses from being avoidance to being slumping.

Sabine often feels she is being dragged into this bottomless hole, however the work has enabled her to explore her response and how the despair has affected her.

Sabine struggling with the silence, often wished to reprimand the client over her lack of response and behaviour. However the silence was useful in allowing the client the space and pace at which she could open up. Eventually the client began to speak about her family, cultural background and abuse experienced.

Despite struggling to speak of dreadful memories, six months ago, they had a major breakthrough in the work as the client spoke of difficult memories, thoughts, feelings and sobbed throughout. However following this, Sabine experienced the core complex where after the previous closeness, the client out of fear of intimacy pulled back from the

relationship. Sabine slowly attempted to regain this however the client felt helpless and wanted to forget everything despite realising this wouldn't be useful. The client also experienced a massive rage towards her mother and authority figures, which emerged in the relationship when Sabine took a break, triggering issues of loss, abandonment and rejection.

Further, up until recently the client denied her crime, however the client has now acknowledged that what she did was wrong and that she was a victim and perpetrator. Sabine feels the client has come a long way however despair and depression keep emerging and seem to be resistant to resolution. At her sentence planning, the client expressed hope and healthy thinking, but Sabine knows there will be times when the client returns to feel bleak and despairing.

Leading up to the client's release, they will work towards an ending, reviewing the work completed as well as the work still to be done. Sabine remains concerned about the client on release as without the containment and security of the prison the work can be undone. However she hopes to work with the client 'Through the Gate'.

Supervision is an important aspect of the work with despair, which has taught Sabine to tolerate the despair despite her presuppositions and felt difficulty. She finds the preparation of verbatims particularly helpful in uncovering the structure of the sessions. Debriefing with colleagues and doing something active on leaving the prison also helps to alleviate the despair. However nothing eliminates the despair which stays indefinitely.

G. Beth

Despair for Beth is a sense of discontinuity and brokenness; a sense of not being wanted. Bracketing her previous conceptions and focusing on her patients in despair, she realises despair is not reducible to suicidal intent. In turn, despair can often be hidden or defended, but appear as a shadow of something. The men enter prison with broken lives and despairing stories and all of Beth's clients presented crises of despair and awful stories of abuse, miscommunication and loneliness.

On working in a Victorian, medium secure prison, Beth is interesting in environment and context. The prison is a place of despair, with the despair emanating from the prison buildings, noises, sense of isolation and use of keys. In fact having to share such a limited space with other people would be reason enough for Beth to lose it and want to commit suicide. The humming of the ventilation also affected Beth, reminding her of death row as depicted in the film 'Dead Man Walking'.

The prison system is a 'not good enough mother', which cares badly and feeds you shit. In turn, despite having a role in repairing and patching up the individuals, it adds to the unnecessary despair of prisoners. In fact, the prison may be seen to repeat the prisoner's experience of bad attachment, caring too much or too little.

Despite being an experienced practitioner, working in the prison threw Beth off balance as it was different to working with patients elsewhere. The therapeutic work in prison is about providing a careful dialogue, however it isn't supported by the chaotic prison context. Having said this and dependent on the relationship, therapeutic work in prison could enable a reparation of emotions and a provision of scaffolding.

For Beth, working with despair is about maintaining a balance, attempting to stay with the despair whilst holding in mind hope for the future. Beth feels it is important to work with prisoner's individual ways of dealing with their despair(s) in the therapy, particularly as many prisoners have long sentences and need to focus on tomorrow as opposed to the bigger picture.

Beth worked with a patient labelled a psychopath who was a clever, dangerous, unpredictable man but who Beth liked. The client withheld his suicidal intent from Beth through fear she would disclose and put him on an ACCT involving surveillance. Beth was aware that manipulation and care were elements of the relationship. Further, in that his despair was violence, Beth realised she was scared of the client and so kept him nice as opposed to challenging him.

A second client brought a razor blade to the session and said he was going to kill himself however Beth wasn't clear whether that was despair or acting out.

Beth worked with another client in his mid 50s who had experienced the death of his wife and nephew. This client embodied despair and their initial meeting was hard, powerful and raw; something Beth wasn't prepared for. However the work was useful, enabling the client to locate hope and a want to grow.

The counselling set-up in prison can affect the work, for example the shortage of rooms in prison adds to the despair, as at times it is difficult to see the clients at their allocated times. The therapeutic provider also has an effect on the therapeutic work as the first humanistic counseling provider Beth worked for were in sync with and able to handle despair whereas the second rigid psychodynamic provider who pathologised despair where unable to listen to it.

Beth feels she can bare the client's despairing stories but she can't bare the institution and its polarity of routine and chaos. Reflecting on her research project on the psychotherapist's experience of working in prison, Beth recalled the incongruence between her negative, suffocating experience of working in prison, with a male participant who found the experience to be broadly safe and entertaining.

In turn, despite not often being really affected by the prison, she despaired over the perverse policies and procedures, in particular the need to report despairing clients so that they can be observed. In the work, she feels the therapist must not be scared of the work with despair, despite the responsibility for disclosure.

Recently the stories of prison have entered Beth's private practice, working with a client on bail facing 4-5 years for GBH and a pregnant female client whose partner is in a high security prison. Beth feels the despair is catching up with her as she can relate to the experience of being in prison. However she also thinks her experience of prison may be useful for these clients

However, there is something within Beth that can combat despair, enabling her to be in touch with her desperation and not to be scared of these experiences. This is partly due to the exploration of her desperation and depression in her analysis but also down to her personality which is optimistic, full of energy and hope.

H. Leland

For Leland, despair is a lack of something, such as a lack of hope. Despair comes about through a person's perception their actions are hopeless and worthless, raising fundamental existential questions around how we navigate our futile, hopeless existence. Further, despair as a powerful, negative emotion can destabilise people's foundations, leading most to turn from it. Despair can also have a seductive nature.

According to Leland, the prison system is a shit, self-aggrandizing, coercive, rusty machine which crushes people and fucks everything up without awareness of process and dynamics. In turn, it acts as a dustbin for people on the edge of society, so that people can split off and avoid the bad, evil, manipulative aspects of themselves.

Prisoners experience despair as they are faced with the consequences of their actions. Further, the punishment often confirms their world-view and feeds into the sense of despair over not being understood by themselves or others. This feeling of disempowerment may also lead to manipulation of others and despair, with empowerment the antidote to despair. In Leland's opinion, if clients are given space to explore this in medium-long term therapy, then despair is put into context.

As a therapist, Leland attempts to interact therapeutically and positively with prisoners. His integrative, client-centred approach focuses on the therapeutic relationship and provides a model of a positive relationship where the clients have space and safety to explore their despair. In turn, Leland considers hope to be important in the work.

In particular, Leland encourages the clients to gain awareness of themselves in order to live authentically. However this examination of the client and their despair, which has previously been avoided through self-harm and self-medication, feels difficult. Having said this, this process of individuation is vital to the client locating hope. Leland uses his own self-awareness as a tool in the work.

Despite Leland struggling with the work, he often leaves the sessions feeling hopeful. This is important as he acknowledges he deals with his despair, and gives meaning to his life by working therapeutically with the client's despair. The therapeutic relationship therefore holds the possibility of changing therapist and client. He acknowledges his despair is often present in the room however before disclosing his despair verbally, he checks whether his response is motivated by the relationship.

Leland worked with a despairing client diagnosed with Antisocial Personality disorder who was a self-harmer, a drug user and had been in prison many times. Despite their seemingly good relationship, Leland felt the client was lying and expressing a desperate attachment seeking. Leland requested the client be moved to another wing due to his high risk of suicide and Leland's anxiety around this. However due to his coercive behavior, self-harm and disclosures of suicidal intent, the client was subsequently moved a number of times. This relationship touched on Leland's despair and the despair of a nurse working with the client who became desperate at the maltreatment of the prisoner and her subsequent ostracisation by prison staff.

A second client with a history of drug abuse and criminality had become self-aware and authentic through the therapy. However the staff and system tore the client apart, resulting in the client being segregated and experiencing despair.

Leland realises the vampiric part of him gains energy and self-importance from having a role with an emotional and psychological status. Previously working as a musician, Leland would avoid his despair, but now he is able to work on and through it.

Drawing on the wounded-healer concept, Leland acknowledges he learns about himself every time he sits with a client. Leland is aware he works things out by talking them through, and therefore didn't rehearse for the interview.

Leland finds supervision useful when working with despair however at present he feels his supervision sessions lack depth and awareness of process. Despite his extensive self-knowledge and hours of therapy, he wonders if he should return to personal therapy. Physical activities, reading and talking are also important processes for working with despair.

I. Jenny

Despair for Jenny is a mixed phenomenon which involves a lack of hope and possibility alongside a sense of pointlessness and an inability for things to be different in the future.

The prison environment in Jenny's opinion is on the one hand hugely sensorily deprived and on the other bombarded with nasty stimuli. In turn, the environment is despairing, both in the lack of comfort, warmth and beauty and the way in which the system dehumanizes people. Jenny continually felt the impact of the old, barren and cold prison she worked in.

She struggled with the impossible task of counselling in prison in facilitating prisoners to engage and be emotionally open to their difficult stuff. In turn, she had a strong response to the content of the prisoners' stories as well as what wasn't voiced.

Jenny worked with a male client who was convicted of a child sex offence, had multiple difficulties and was in deep despair. In the work, the client communicated a phenomenal level of emotional deprivation in a quiet, flat, emotionless voice, despite wishing to block out his emotions such as shame. Another important aspect of the work was Jenny's need to report the client's murderous feelings towards his partner to security.

A second client, who was on an ACCT over his risk of self-harm, had such an overwhelming sense of unvoiced despair that Jenny experienced intense tiredness throughout the sessions. However within supervision, Jenny was able to develop her armor through visualization to protect her from the client's strong psychic presence. This educated Jenny on the need to create a clear boundary which defends her against the client's despair. Jenny's response to the client's despair was therefore to be empathic whilst refraining from being too confluent.

The prison was particularly anxious over a third male sex offender that Jenny was working with individually as she was a woman. However Jenny felt it was important for the client to learn about appropriate relationships with women in a way which wouldn't damage women. Jenny felt frustrated at not being able to do anything to help or to influence or educate the system in rehabilitating the client.

The therapeutic work with despair in prison faces further difficulties imposed by the system such as the need for sessions to be observable which leaves prisoners struggling to express their vulnerabilities. In fact, on comparing her work in the prison to her work in other mental health institutions, Jenny reflects on the fact that the prisoners, unlike other clients, lack agency, choice and control which can lead to despair and anger. For Jenny, this is associated with experience of powerlessness which goes right through the prison experience and affects prisoners and staff.

Jenny despairs at the prison's ability to equip prisoners for moving forward in life and feels resigned to the fact that the prisoners will return to commit offences. In fact the client's despair is often associated with not having control over external arrangements on leaving; something which Jenny felt immense frustration over. In fact on realising the idiocy of the system and its lack of benefit for prisoners, the interview acted to reignite Jenny's frustrations.

Jenny feels it is important when working in the prison with clients in despair, that the therapist can begin with a focused state of mind and can maintain this, clearing the mind in between clients, particularly when the work has had an impact on the therapist. Jenny also acknowledged the need to switch off at points in her day, for example through laughing with colleagues. Supervision and reading to remain professionally sharp also enable Jenny to feel equip with the work with despair.

J. Moira

Despair is by definition a lack of hope, which is associated with an individual person's future and lack of potential for anything worthwhile. Accordingly, people in despair are weighed down and have no motivation. Despite the fact that despair is often masked and invisible to the eye, Moira can perceive despair through the senses of taste, touch, smell and hearing. In turn, despair shows in people faces, in the way they hold themselves and in the flexibility of their skin.

According to Moira, prisons, prisoners and people working in prisons feel and smell of despair. In fact despair is the default position of prisoners, emerging partly as a result of the shock of total change from normal life to prison life. The despair is associated with the fact that the distress was self-inflicted and the actions often not intended. The prisoners despair is also heavily affected by the views of significant others, associated with feeling rejected or viewed as bad by significant others. Working with remands and sentenced prisons, Moira realised that their feelings of despair were often around what they has lost; a sense of total desperation and devastation. And even if they have had a normal life up until the crime, this is blotted out leaving nothing for the person to hang on to.

Clients often live in denial until the sentencing however even if the charge is commuted, the devastation often grows as the sense of hope is one they feel they don't deserve. And once the prisoners adjust emotionally and psychologically to the prison, Moira encounters their despair not so much in their presentation, but through the difficult and devastating stories of abuse, deprivation and brutalization.

For Moira, the therapeutic work with despair is about being there for the prisoners, gradually enabling them to see the space is safe and there's to use. Moira doesn't wish to deny the prisoners reality but to help them live alongside and cope with their realities. In turn, Moira has found it necessary to be more directive when working with despair as the therapist needs to act as the motor to kick start the client's motivation. It is easy to be tempted not to work with the despair but in Moira's view, the therapist must remain psychologically and emotionally present to the client.

Moira finds that prisoners in despair don't know what help they need or how to approach the help. As a result, the work is difficult as it's a case of drawing out the client who at an unconscious level feels everything is futile. The majority of prisoners talk about the situation over and over again in the hope that things might be different.

Despite not wanting to generalize, Moira feels there is a difference between the responses of different groups of prisoners. With murder remands, the shock often led the prisons to spew out their feelings and thoughts. However Moira worked with one murder remand in a despairing, very dark place, where the work involved a slow process of drawing the client out to enable an exploration of his crime and despair.

Moira worked with sex offenders whose sense of loss was so great, they were in denial of their despair. However Moira saw it as her role to challenge the clients to consider the seriousness of their crime and sense of loss. Moira also worked with drug addicts who

experienced despair at their lack of ability to change and subsequently, wished to end their lives.

A difficult situation which led Moira to experience a sense of total wipeout was working with clients who pleaded guilty to a crimes they didn't commit. It was only after sentencing that the clients on realising the implications, fell apart and were thrown into unanticipated despair.

The despair of an Eastern European client seen by a counsellor Moira was supervising was tangible even in supervision. This client felt desperate as he lacked agency and possibility for change as well as being subject to a brutal future within the prison.

In Moira's view, the prison is desperate and requires root and branch treatment to deal with the lack of resources, high rates of reoffending and lack of proper rehabilitation and security. In particular the bureaucratic policies and procedures around risk and security which seem to take a priority over the individual have left Moira feeling desperate.

This is alongside her anger at prison as an institution which is meant to care but acts to obliterate the human being. For example, prison officers coercive and violent behaviour towards prisoners can lead prisoners to feel a sense of utter futility and despair. Motivated by Moira's own sense of despair at this, she would report any information to the chaplaincy who would act on it.

Despite all of this, Moira acknowledges she feels at home in prisons. Working in the prisons, she had very good supervision where she could offload and discuss difficult cases and she also found debriefing with colleagues to be useful in alleviating her distress. Having said this, although she never touched despair in the work, she feels she has never been able to work through these experiences of working despair as the feelings return every so often.

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